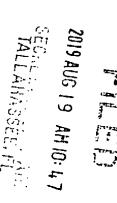
## 119000096716

(Requestor's Name)				
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## **COVER LETTER**

	tration Section of Corp								
		TERTAINMENT LLC							
SUBJECT:Name of Limited Liability Company									
The enclosed A	rticles of A	mendment and fee(s) are subr	nitted for filing.						
Please return al	l correspon	dence concerning this matter t	to the following:						
		MARSHA SIHA							
			Name of Person						
		INCFILE.COM LLC							
			Firm/Company	·					
			Address						
		HOUSTON, TX 77064							
		EFILE1234@INCFILE.COI	City/State and Zip Code M		<del></del>				
		E-mail address: (t	o be used for future annual	report notification)					
For further info	ormation co	ncerning this matter, please ca	ill:						
MARSHA SIH	lA		855 82	29-9090					
-	Name of	Person	Area Code	Daytime Teleph	one Number				
Enclosed is a c	heck for the	following amount:							
□ \$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICEES OF MAENDIMENT

## TO ARTICLES OF ORGANIZATION OF

DZEAN ENTER	TAINMENT LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L19000096716	articles of Organization for this Limited Liability Company were filed on 04/08/2019 and assigned a document number 119000096716				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
CHÂTEAU FEDER LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4331 BOCA WOODS DR				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32826				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4331 BOCA WOODS DR RLANDO, FL 32826	2019 AUG 19 AH SEC. LANAS SEL			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
		rida			
<del></del>	City	Zip Code			

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	Name THOMAS ANTHONY	<u>Address</u> 1317 GARRISON DR	Type of Action
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Tective date, if other than t	ne date of filing:		(optional) days after filing.) Pursuant to 605,0207 (
an effective date is listed, the date in	hast be specific and cannot be prior	to date of filing or more than 90	J days after filing.) Pursuant to 605.0207 (
	Department of State's records.		ments, this date will not be listed as t
cument's effective date on the	Department of State 3 records.		
record specifies a delay	ed effective date, but no	t an effective time, at	12:01 a.m. on the earlier of:
The 90th day after the r			
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ted	2019		
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$\sim 1.6$	lase		
<u> Dawa</u> t	Signature of a member or author		· ·
	Signature of a member or author	orized representative of a memb	per
DAVID FEDER - A	1BR		
	Typed or printe	d name of signee	

Page 3 of 3

Filing Fee: \$25.00