L19000103819

(Requ	estor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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S. CHATHAM

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COVER LETTER

FO: Registration Se Division of Cor				
SUBJECT:	TICKET Club Name of Limit	LLC.		;
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	John	Ardizone Name of Person	Jr.	
	Ticket	Firm/Company	LC.	
	16621 Ma			
	Montverde Ticket cluk	City/State and Zip Code	1756 nail.com	<u> </u>
For further information c	Is-mail address: (to oncerning this matter, please ca		Freport notification)	
John Ard	_	at (407) Area Code)	504- 6 Daytime Teleph	900 one Number
Enclosed is a check for t	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TICKET Club, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4.13.2019 and assigned Florida document number <u>L19000103819</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

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 the 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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Jennifer Ardizone	Montverde, FL 34756	X I\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			□Remove
		☐ Change	
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			□Remove

ffective	date, if other than the date of filing: (optional)
an effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument	i's effective date on the Department of State's records.
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the .
ated	July 11 . 2022.
	De de la D
	Signature of a member or authorized representative of a member
	\mathcal{S}
	John Ardizone Jr. Typed or printed name of signee