## 419000130256

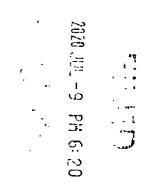
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AUG 2 0 2020 S. YOUNG

## **COVER LETTER**

	stration Sectionsion of Corporation				
	IM MY OWN	EBOSS ENTERTAINMEN	rlic '		
SUBJECT:	<u></u>	Name of Lim	ited Liability Company		
The enclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return	all corresponde	ence concerning this matter	to the following:		
		GREEN, TERRAL, L			
			Name of Person		•
		IM MY DWN [	SOSS ENTER TAINN Firm/Company	nent LVC	<del></del>
		4018 East Osb	Orne Ave. Address		<del></del>
		Tampa / FL 3	31e10 City/State and Zip Code		<del></del>
	-	ratchetbada 22	41 EgMil. LOM to be used for future annual rep	port notification)	<del></del>
For further in	formation conc	eerning this matter, please ca			
Derrell	9mil Name of Pe	Thompson	at ( <u>\$13</u> ) <u>7</u> Area Code	35 - Le 803 Daytime Telephor	ne Number
Enclosed is a	check for the f	following amount:			
□ \$25.00 F	ling Fcc	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address: istration Sec	ction	<u>Ştreet Add</u> Registrati	<u>ress:</u> on Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The of stell

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IM MY OWN BOSS ENTERTAINMENT 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 \_\_\_\_\_\_ Florida document number \_\_\_\_\_\_L19000130256 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 "LLC." 4018 EAST OSBORNE AVENUE Enter new principal offices address, if applicable: TAMPA, FL 33610 (Principal office address MUST BE A STREET ADDRESS) 4018 EAST OSBORNE AVENUE Enter new mailing address, if applicable: TAMPA, FL 33610 (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

## 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.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Derrell Emil Thompson	2419 Hast 19th Avenue	
		<u> </u>	<b>=</b> Add
			Change
		· · ·	
			□Remove
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			□Remove

	<del></del>
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(II an el	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ided.
Dated	Signature of a member or authorized representative of a member
	Terral eyreen Typed or printed name of signee

Filing Fee: \$25.00