L19000/44028

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

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то:	Registration Section Division of Corpora				
SUBJI	ECT:	Bic- Name of Lin	BAGZ EN	T, LLC	
The en	closed Articles of Ame	ndment and fee(s) are sub	omitted for filing.		PH +: 24
Please	return all corresponden	ce concerning this matter	to the following:		
	-	Kı	Mane of Person	dlesworth	_
	-	В	IG BAG2 Firm/Company	ENT, LLC	_
	_	2	12 N Fede	eral Hwy	_
		Dee Hith E-mail address: (RFIELD Beau City/State and Zip Code KMUSIC HO to be used for future annual r	ch FL 3344 ST GHall eport notification)	11 CONU
For furt	ther information concer	ning this matter, please ca			
	Name of Pers	Muddlesun	Area Code)	862 - 9630 Daytime Telephone Numbe	r
Enclose	d is a check for the fol	lowing amount:			
₫ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Osed) Certified	ite of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 5 30 2018 and assigned
The Articles of Organization for this Limited Liability Company were filed on 5 30 2019 and assigned Florida document number 19000144028
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
BIG BAGZ ENTERTAINMENT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC."
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
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□ Add
			□ Remove
			Change
			☐ Remove
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an effective date <u>'ote:</u> If the dat	is listed, the dat e inserted in th	n the date of f te must be specifi nis block does i the Department	ic and canno not meet tl	ne applicabl	date of filing or e statutory fil	more than 90 ing requirem	(optiona days after filir ents, this da	ng.) Pursuant to	605.020 listed a:
	cifies a dela ay after the	ayed effective record is file	ve date, led.	but not a	n effective	e time, at :	12:01 a.m	. on the ea	rlier o
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The 90th da	June.	14	-/- <u>c</u>	2019	·	_			
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Filing Fee: \$25.00