119000 163810

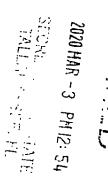
(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/S	State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
/		
•		

Office Use Only



000341591290

03/03/20--01016--020 **25.00



O SIMMONE MAR 23 2020

TO:	Registration Se Division of Cor			
SUBJE	ECT:	Name of Limi	ENTERTAINMENTED LIABILITY COmpany	IT UC.
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	to the following:	
Please return all correspondence concerning this matter to the following: A: NA Z:TO Name of Person Finn/Company 1235 N.W. 103 S.T. Address MIATI F2. 33147 City/State and Zip Code				
			Firm/Company	
		123	5 NW 103 5 T Address	- .
		MI'AT	1 FZ . 33147 City/State and Zip Code	
			o be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	11:	
	Name o	1 ZiTO f Person	at (786) 286 Area Code Daytime	Po97. Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊠ \$2	5.00 Filing Fee	□ \$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)
	Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	
	P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTEKTAINM	ENT LL	<u>- ر</u>	
da Limited Liability Company	ars on our records.)		
Company were filed on _	06/21/	<u>2019</u> a	and assigned
			2020 MAR
LLASSICS L	10.		Æ
mited Liability Company," the	designation "LLC" or	the abbrevia	tion "L.L.C."
		· · ·	TO :::
<u></u>		<u> </u>	<u>₩</u>
			20
ed office address on our	records, <u>enter th</u>	e name of t	he new regist
Enter Fl	orida street address		
	Floric	da	
City		Zip	Code
	Enter Fl.	ed office address on our records, enter the	Enter Florida street address Enter Florida street 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			202UNAR **:JRD
			J □Remove <i>l</i>
			Detrange 55
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
 -			□Add
			□Remove
			□Change

A \cup \cup	EIN 4	84-	4899	729				
					 -			
								<u></u>
							<u>-</u>	
								
								
							, 7)	202
							- 2	2020 HAR
			·		<u>-</u>		· · ·	-20 -3
				<u> </u>				
								PH 12:
								: 5 5
							_	
			<u> </u>		<u> </u>			
ctive date, i effective date is	f other than the s listed, the date must	date of fili : be specitic a	ng: nd cannot be pric	or to date of filin	g or more than 9	(option 0 days after fil	al) ing.) Pursua	ıt to 605.02
e: If the date	inserted in this blotive date on the De	ock does not	meet the appl	icable statutor,	y filing require	ments, this d	late will not	be listed:
				-				
ord specifies	a delayed effective	date, but n	ot an effective	time, at 12:01	a.m. on the ca	rlier of: (b)	The 90th d	lay after th
filed.								
u 2.8:	FEBMAN		202	5				
u	1 = , 2, = 0 , = 1		_,	<u> </u>	_			
				1/1/2	ntative of a mem			

Typed or printed name of signee