Date: 10/16/19 Time: 8:58 AM Page: 02/05 To: 18506176383 From: 19165767051

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : 120180000086 Phone : (916)576-7000

: (800)603-5868 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

RLOPS@PARASEC.COM Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHILORIDIAN HOLLYWOOD LLC

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Date: 10/16/19 Time: 8:58 AM Page: 03/05 To: 18506176383 From: 19165767051

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

<u>.</u> *1		2019 OCT 16 🟳 🖰	
Philoridian Hollywood LLC		_	
	Red Liability Company as it now appears on our re (A Florida Limited Liability Company)		
The Articles of Organization for this Limited I	inhility Company were filed on 16 26/2019	and assig	
Florida document number L19000168129			
This amendment is submitted to amend the fol	lowing:		
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.	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
or 11 to the hour			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address on our re- office address here:	cords, enter the name o	
Name of New Registered Agent:	Rocket Lawyer Corporate Services FLC		
New Registered Office Address:	155 Office Plaza Drive. 1st Floor		
new negative of the America.	Enter Plovida street e	uldress	
	Tallahassee	_, Florida 32301 Zin Coda	
	Cin	Zip Coda	

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

Cm

To: 18506176383 From: 19165767051 Date: 10/16/19 Time: 8:58 AM Page: 04/05

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of
			□ Rema
		□ Chan	
		Add	
		☐ Remo	
			O Chan
			□ Remo
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			□ Rennv
		□ Change	

Date: 10/16/19 Time: 8:58 AM Page: 05/05 To: 18506176383 From: 19165767051 D. If amending any other information, enter change(s) here: thrush additional sheets, if necessary, i (optional) E. Effective date, if other than the date of filing: \_\_ (If an effective date is listed, the date most be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory fifing requirements, this date will not be liste document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed. Dated\_September 13 Signature of a member or authorized representative of a member

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ped or printed name of signee

Filing Fee: \$25.00