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COVER LETTER

Tallahassee, FL 32314

TO:

subject: <u>Nino</u>	SKYY Enter	rtanment LLC	· ·
	Amendment and fee(s) are subtendence concerning this matter (
	Shenma	Becmon Name of Person	
	Nina Skyy	Entertainment LL	. <u>C</u>
	713 S. Adel	R Ave:	
	Deland, for Shenina 86	City/State and Zip Code O a mul - com to be used for future annual report notif	ication
For further information ec	oncerning this matter, please ca		(Catton)
Shenina i Name of	Becumon Person	at (<u>38هـ</u>) <u>717 - 3</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	, -		
□ \$25.00 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)
Registra	NG ADDRESS: ution Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nina Skyy Ente	ertainment LL	<u>.</u>	<u>_</u>
Nina Skyy Enta (Name of the Limited Lial (A Flor	b <mark>ility Company as it now appears or</mark> rida Limited Liability Company)	i our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>LIGOD ISD 312</u> This amendment is submitted to amend the following A. If amending name, enter the new name of the li	 ·		and assigned
A. If affectioning finance, effect the new finance of the fi	mice national company nere.		
The new name must be distinguishable and contain the words "I	.imited Liability Company," the desig	nation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	ir records, enter the	name of the
registered agent and or the new registered write a	du coo nere.		
Name of New Registered Agent:			
	· · ·		
New Registered Office Address:	Enter Florida	street address	
		, Florida	
_	City	, 1 101104	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 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR ——	Shenina E. Beamon	713 S. Adelle Ave	🗹 Add
		Deland, FL 32720	□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change
			🗆 Add
			□ Remove
			Change

-	
	<u> </u>
If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.
	lugust 15th 2019.
	Signature of a member or authorized representative of a member
	Shen ira E. Becman Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Midch dathiomal sheets, if necessary)

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Filing Fee: \$25.00