## 19000 197 201

(	Requestor's Name)	
-	(Address)	
(	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	Document Number)	
'	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
		i





100335940511

10/28/19--01041--003 \*\*25.00

ZOID OCT 28 PH 12: 35

SECRUTARY OF STATE
TALLANDASSEE, FLORIDA

Y SULKER NOV 2 3 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kereby En	tertain ment
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number 1900019720	y were filed on $\frac{08/03/19}{1}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
	20 Zi
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	.————————————————————————————————————
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1634 Dittmer Circle, SE
(Mailing address MAY BE A POST OFFICE BOX)	Harm Day Florida 32907
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nevere:
Name of New Registered Agent:	ra A Hibbs AMBR
New Registered Office Address: 163	4 Dettmer Circle SE
Alr	Enter Florida street address  Output  City  Florida  Sip Code
N. D. J.A. J. A. L. A. Girman, Make and Desirate and Asses	4.

## 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Type of Action Title ☐ Change ☐ Remove ☐ Change ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove \_□ 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:

nemec o <u>te:</u> If	e date, if other than the date of filing: Orbital (optional) (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted _	10/17/2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00