L20 00000 8514

Office Use Only



500345639525

06/05/20--01019--004 **30.00

2028 JUN -5 PH 6: 5L

O SIMMONS

JUN 22 2020

COVER LETTER

Registration Section Division of Corporations

. .

ВЈЕСТ:	Diverse Me.	dia Entertaina ited Liability Company	rentuc
	Name of Lim	ited Liability Company	r
e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
case return all correspon	ndence concerning this matter	to the following:	
	Ocar S	Name of Person	
		Name of Person	
	Diverse Me	Na Entertain	nent, LCC
	01.0100716	Firm/Company	
	912010	Firm/Company Address	
		Address	
	1.601	· - F 50790	
	Wilter Spr	City/State and Zip Code	
	BIACM	Fal @ amail com	
	E-mail address: (to be used for Mure annual report not	fication)
For further information co	oncerning this matter, please ca	ali:	
e Stanta	- Oos 1	UNU 785-	2239
Name of	Person	at (<u>404</u>) <u>235-3</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flor	rida Limited Liability Company)
Articles of Organization for this Limited Liability ida document number 1200008 75/4	y Company were filed on <u>Ji/12, 2020</u> and assigned
3 amendment is submitted to amend the following:	
If amending name, enter the new name of the line new name must be distinguishable and contain the words "L	imited liability company here:
er new principal offices address, if applicable: incipal office address MUST BE A STREET ADD	DRESS) WINTER Springs FL, 32708
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registerent and/or the new registered office address here	
Name of New Registered Agent:	9/2 Pipa Trail
New Registered Office Address:	Enter Florida street address
	Winter Springs Florida 3270B

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

Manager R =

,,,,		
IBR =	Authorized	Member

IBR =	Authorized Member		2020 1101		
<u>le</u>	<u>Name</u>	Address	2020 00.1 -5	Fii 6: 54	Type of Action
					□Add
		<u></u>			□Remove
				-	□Change
					🗆 Add
					□Remove
					□Change
					🗆 Add
					Remove
					□Change
					□Add
					□Remove
			<u>-</u>		Change
					□Add
					□Remove
					□Change
					□Add
					□Remove
				<u>-</u>	□Change

	2/120 1111
_	2020 JUN -5 PH 6: 54
	<u> </u>
_	
_	
_	
_	
tiv	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 605.0207
II.	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as:
nei	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ile	d.
	T. 9 900
i _	June 2, 2020
	Ω_{1} , Ω_{2}
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee