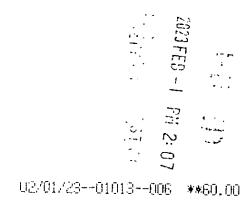
L2000010394

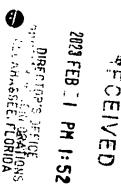
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	 #)
(4	7 ,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nami	e)
(Do	cument Number)	
,	•	
Certified Copies	Certificates	of Status
Certified Copies	_ Octamostes	
Special Instructions to	Filing Officer:	
		i

Office Use Only



900400517259





A. BUTLER

FEB = 1 2023

COVER LETTER

SECT: RA-HA Entertainment Group LLC Name of Limited Liability Company
e enclosed Articles of Amendment and fee(s) are submitted for filing.
ase return all correspondence concerning this matter to the following:
RA-HA Entertainment Group LL
P.O. Box (21)
Fort Myers Florida 33902
Fort Myers Florida 33902 CityState and Zip Code Saheewarrahall amail. com E-mail address: (to be used for tuture annual report notification)
to refurther information concerning this matter, please call:
Glenn C. Morris Jr at (239) 222 - 0635 Name of Person Area Code Daytime Telephone Number

 ϵ , losed is a check for the following amount:

\$25,00 Filing Fee

2.5

Registration Section Division of Corporations

():

☐ \$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 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

KA - HA E	ntert ed Liability Compa (A Florida Limited I	ny as it now appears on our red	Group	771200 TANA
reda document number 12000	ability Company	were filed on <u>01103</u> 594	12020	and assigned
has amendment is submitted to amend the following	owing:			
. If amending name, enter the new name of	the limited liab	ility company here:		
, new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "	LLC" or the abbrevia	ation "L.L.C."
nter new principal offices address, if applic		12156 La	edge wo Jers F	<u>xxxl cir</u> cle 1 <u>339</u> 13
itter new mailing address, if applicable: **Initial address MAY BE A POST OFFICE**	<u>BOX)</u>	P.O BO Fort M	x 121 Nyers	1 Florida 33902
. If amending the registered agent and/or registered office address		address on our records, <u>en</u>	ter the name of	the new registered
Name of New Registered Agent: New Registered Office Address:	<u>Glen</u> 12150	O C MO Led Ge WO Enter Florida street ad		le
	Fort m	1 yers	, Florida <u>3</u> Zi	3913 p Code

 $, \underline{w}. Registered. Agent's. Signature, if changing. Registered. Agent:$

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

If Changing Registered Agent, Signature of New Registered Agent

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

.GR = Manager .MBR = Authorized Member Type of Action $_{\rm Mbc}$ Name Address 5600 8th St W unit 23 11 Add MGR Lehigh acres Fl 12801 Common wealth Dr MGR Days Cadet Un1+12 Fort myers 33913 Decemove _____ □Remove □Change ____ □Change _____ □Remove

____ Change

1	
effectiv <u>te:</u> If th	date, if other than the date of filing:
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	2-1-23
	Signature of a member or authorized representative of a member
	C/EMM CVV S TV

Filing Fee: \$25.00