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(Re	equestor's Name)	
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10: Registration Sec Division of Corp				Por Maria
	ainment LLC		·	The state of the s
SUBJECT:	Name of Limited I	liability Company		Cottan Survey Constitution of the Constitution
The enclosed Articles of A	amendment and fee(s) are submitte	ed for filing.		v
Please return all correspon	dence concerning this matter to th	e following:		
	Aaron LeSage			
		Name of Person		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1327 E 7th Ave. STE 1			
		Address		
	Tampa, Florida 33605			
	Ci aaron@five5ent.com	ty/State and Zip Code		
	E-mail address: (to be	used for future annual	report notification)	
For further information co	ncerning this matter, please call:			
Aaron LeSage	_	813 614 at ()	1-717 0	
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & □	355.00 Filing Fee	& □ \$60.00 Fil	ing Fee,

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION OF

Co to the second second

Zip Code

Five 5 Entertainment LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jiability Company)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The Articles of Organization for this Limited Liability Company	were filed on <u>2/3/2020</u>	and assigned
Florida document number L20000040133		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		***
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u> i	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Taylor Flom	321 West South Avenue Tampa,Fl 33603	■Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
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ective date, if other than the effective date is listed, the date material If the date inserted in this becament's effective date on the I	llock does not me	et the applicab	date of filing or le statutory fil	more than 90 days ing requirement	optional) safter filing.) Pursu s, this date will n	ant to 605,0207 of be listed as
cord specifies a delayed effecti s filed.	ve date, but not a	n effective time	e, at 12:01 a.m	. on the earlier o	of: (b) The 90th	day after the
May 5th		2020				
			- *			
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