## L20000040133

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Sec Division of Corp						
G.	.5 Entertaining	r 1 1 1 C				
SUBJECT: NVC	Name of Limi	ted Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Baron	USege Name of Reson				
	- AVC 5	Bi A. Firm/Company	<del></del>			
	1377 €	Address				
	Tampa	City/State and Zip Code				
	Gazza A	City/State and Zip Code  Five Sent. com				
	E-mail address: (	to be used for future annual report noti	fication)			
For further information co	oncerning this matter, please ca	all:				
Marcy Les	 Scel	at (\$13 ) lo 14 =	7170			
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for th	ne following amount:					
\$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)			
Mailing Addres		Street Address:	ation.			
Registration S Division of C		<del>-</del>	Registration Section Division of Corporations			
P.O. Box 632		The Centre of	•			
Tallahassee,		2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Five 5 Entertain	nery UC2027 AT 21 Pr. 12 15
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as t now appears од our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on 1 37 2000 and assigned
Florida document number <u>LYO 0 0 00 40 1 33</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 700 NEG 21 PT 7: 45	Type of Action
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record is file		ayed effect	ive date, but no	ot an effectiv	e time, at 12:	01 a.m. on th	e earlier of: (b)	The 90th day after the
ated	81	15/2	7020					
			4					<del></del>
			Signature of	a member or a	uthorized repre	esentative of a	member	