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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Name of Limited Liability Company
•	Plante VI Entitled Enablity Company
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
P.(	ESREEN HANTEH  Name of Person  EDS HOW LLC  Firm/Company  O. Box 692362  Address  PLANDO, FL 32869  City/State and Zip Code  SAYED 70 @ GMATL. COM  mail address: (to be used for future annual report notification)
N!	CAYEN 71 @ GMAIL . CO M
E-m	nail address: (to be used for future annual report notification)
For further information concerning this matt	ter, please call:
NESREEN HANI	TEH at (850) 688 -765   Area Code Daytime Telephone Number
Enclosed is a check for the following amoun	
1 \$25.00 Filing Fee S30.00 Filing Certificate of	g Fee & Z \$55.00 Filing Fee & S \$60.00 Filing Fee, of Status Certified Copy (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

LEDSHOW LLC

( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on $02/20/2020$ and assigned
Florida document number <u>L 20000071334</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here: N/A
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	23
Enter new mailing address, if applicable:	ss, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)	. ယ္
	. 22
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress 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 Agent:	~ / ~
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action		
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