

L20 000 127747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

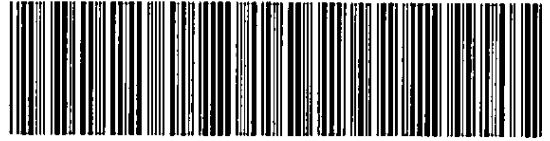
(Business Entity Name)

(Document Number)

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Amend

AUG 18 2020
ALBRITTON

FILED
2020 JUL -6 PM 5:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITM NIC3 ENTERTAINMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RYAN DELON PATRICK
Name of Person

Firm/Company

3111 Duxbury Dr
Address

HISSIMMEE / FL 34746
City/State and Zip Code

omangel1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN DELON PATRICK at (914) 918-2471
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TTM NIC3 ENTERTAINMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/12/202 and assigned Florida document number L20000127747.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>RYAN D PATRICK</u>	<u>3111 Duxbury Dr</u>	<input type="checkbox"/> Add
		<u>Kissimmee FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34746</u>	<input type="checkbox"/> Change
<u>COO</u>	<u>Arianna C Glass</u>	<u>14764 Cableshore way</u>	<input type="checkbox"/> Add
		<u>Orlando FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32824</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>RYAN Delon Patrick</u> <u>PATRICK</u>	<u>3111 Duxbury Dr</u>	<input type="checkbox"/> Add
		<u>Kissimmee FL</u>	<input type="checkbox"/> Remove
		<u>34746</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>RYAN Delon PATRICK</u>	<u>3111 Duxbury Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee FL</u>	<input type="checkbox"/> Remove
		<u>34746</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

JUNE 30th



Signature of a member or authorized representative of a member

Ryan J Patrick

Typed or printed name of signee