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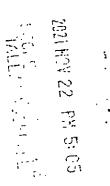
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## COVER LETTER

	istration Se sion of Cor				
	NO MASC	OT ENTERTAINMENT L.L.C	C.		
SUBJECT:		Name of Lim	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		ROSA M DAVIS			
			Name of Person		
		NO MASCOT ENTERTA	ANMENT L.L.C.	e of Status & Copy copy is enclosed)	
			Firm/Company		
		110 E COLUMBUS DR			
			Address		
		TAMPA, FL 33602			
	City/State and Zip Code				
		NOMASCOTENT@GMAI		21	
		E-mail address: (	to be used for future annual report notification)	15. 15. 17. 18. 18.	
For further in	formation c	oncerning this matter, please c	all:	F. 15	
ROSA M DA	VIS		813 442-6772 at ()	• •	
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is a	check for th	ne following amount:		·	
<b>■</b> \$25,00 Fi		☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified Co	f Status & PY	
Reg Div		Section orporations	Street Address: Registration Section Division of Corporations		
	. Box 632 ahassee J		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO MASCOT ENTERTAINMENT L.L.C.

(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  $\underline{MAY 14, 2020}$ \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L20000130947 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NO MASCOT ENTERTAINMENT & FASHION L.L.C. 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: 1017 E IDA ST New Registered Office Address: Enter Florida street address

## 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

TAMPA

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or a Note: If the date inserted in this block does not meet the applicable statutory filit document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m ord is filed.	, on the earlier of: (b) The 90th day at	fter the
Dated NOVEMBER 17 2021		
Signature of member or authorized representative	ve of a member	
ROSA M DAVIS		

Typed or printed name of signee