120000142975

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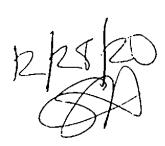
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COVER LETTER

TO: Registration Division of C			
H SQUA	RED ENTERTAINMENT LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	RICHARD ENGLISH CE	'A	
		Name of Person	
	ADVOCATE ACCOUNT	TING LLC	
		Firm/Company	
	7300 SAND LAKE COM	MONS BLVD STE 317	
		Address	
	ORLANDO FL 32819		
	RICKECPA@BELLSOUT	City/State and Zip Code TH.NET	
	E-mail address:	(to be used for future annual report notification)	
For further information	concerning this matter, please of	eall:	
RICHARD ENGLISH CPA		407 203-0918 at ()	
Name of Person		Area Code Daytime Telepho	one Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our records.) inited Liability Company)
The Articles of Organization for this Limited Liability Cor	npany were filed on MAY 26 2020 and assigned
Florida document number L20000142975	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
	20
The new name must be distinguishable and contain the words "Limite	Liability Company," the designation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	1
(Principal office address MUST BE A STREET ADDRE	$\frac{\omega}{m}$
	- 70
	: 0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered (agent and/or the new registered office address here:	ffice address on our records, enter the name of the new regis
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 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

in amending Authorized rerson(s) authorized to manage, enter the fitte, name, and address of each person being 'or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Acti-AMBR **HENRY HUDSON** 31 NW 170 ST _ 🗆 Add NORTH MIAMI BEACH FL 33169 □Remove _ **=** Change \square Add Remove 2020 NGV 23 PH Remove ☐ Change Remove □ Change □Add Remove □ Change □Remove

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Effective date, if other an effective date is listed. Sote: If the date inserte document's effective date.	ed in this block does t	not meet the appli	cable statutory filii	(optionore than 90 days after ag requirements, this	inal) filing.) Pursuant to date will not be l	605.020 listed a
record specifies a delay I is filed.						fter the
	-	2021	?			
Dated Nov 1	· Variable	1				
Dated <u>Nov 1</u>	Signature	of a member or auth	norized representativ	e of a member		

Filing Fee: \$25.00