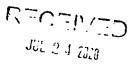
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(Requ	estor's Name)	
(Addra	ess)	<u> </u>
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

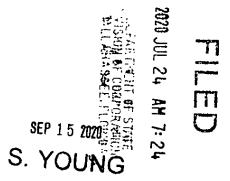
Office Use Only



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07/27/20--01059--030 **25.00



COVER LETTER

	tration Secti on of Corpo		• •	
Subject.	HO ENTER	TAINMENT, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return al	I correspond	lence concerning this matter	to the following:	
		MATHEUS, ALEJANDRO	ı	
			Name of Person	
		MIO ENTERTAINMENT.	. LLC	
			Firm/Company	
		1896 WATER RIDGE DR		
			Address	
		WESTON, FL 33326		
		m10enter@gmail.com	City/State and Zip Code	
		E-mail address. (1	to be used for future annual report not	ification)
For further info	rmation con	cerning this matter, please ca	ıll:	
MATHEUS, A	LEJANDRO) 1	954 257-1514	
	Name of P	erson	at () Area Code Daytin	ne Telephone Number
Enclosed is a cl	neck for the	following amount:		
■ \$25.00 Fili	ng 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)
	g Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

MID ENTERTAINMENT LLC

/Name of the Limited Liability Co		ا ا شده مشد
(A Florida Lim	mpany as it now appears on our reco ted Liability Company)	ords.) Empli
(A Frida Sim	ted Blaining Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 06/30/2020	ind assigned
Florida document number 1.20000184276	<u>-</u>	2000年200日
forida document number		
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 I	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office uddress MUST BE A STREET ADDRESS	ν	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	 ·	
3. If amending the registered agent and/or registered off	ce address on our records, ent	or the name of the new registe
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registe
3. If amending the registered agent and/or registered off igent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registe
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	ice address on our records, <u>ent</u>	er the name of the new registe
gent and/or the new registered office address here:		
ngent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>ent</u> Enter Florida street add	
ngent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street add	ress
gent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street add	

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>	Address	Type of Action
MBR	MATHEUS, ALFREDO E	6301 N FALLS CIRCLE DRIVE, BLD 2, APT #313	3 □Add
		LAUDERHILL, FL 33319	□Remove
			Change
MBR	MATHEUS, ALEJANDRO J	1896 WATER RIDGE DR.	🗆 Add
		WESTON, FL 33326	□Remove
			= Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Chance

Anything else should remain the same. Feetive date, if other than the date of filing: the effective date, if other than the date of filing: the effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dass after filing 19 ursuam to 605,0207 date. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cannot is effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a member or authorized representative of a member	Instead of AMBR we nee	ed it to be MBR for both members.
neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. The filed to the filed that the filed to the filed that the fi	Anything else should rem	nain the same.
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Signature of a member or authorized representative of a member	tank	·

Filing Fee: \$25.00