L20000233191

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COVER LETTER

Division of Corporations			
SUBJECT: LA) MAR ENTE Name of Lim	ERTAINMENT ited Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Y O Jackson Name of Person	
	LA' MA	AR' ENTERTAL Firm/Company	NMENTLLC
	2637 NW 9+n	5treet Address	
	Fort, Laude	City/State and Zip Code	3311
	E-mail address: (i	mar 688 Gamail to be used for future annual deport notific	CCM cation)
For further information co	oncerning this matter, please ca	all:	
Marlo Jacon Name of	Person	at (<u>454</u>) <u>8.32</u> Area Code Daytime	-2736 Telephone Number
Enclosed is a check for the	e 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)

TO:

Registration Section

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

LA' MAR' EN	ITERTAINMENT LLC	
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	202 520 531
The Articles of Organization for this Limited Liability Florida document number <u>L200002331</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	1:16
The new name must be distinguishable and contain the words "L	imited 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 ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	Zip Code
	CW	г.ф Coae

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 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
CCO	Harlo Jackson	2637 NW 9th street	□Add
		Fort, Landerdale, FI, 33311	ERemove
			□Change
MGR_	Marlo Jackson	2637 NW 9th street	
		Fort Lauderdak, FI, 33311	□Remove
			□Change
			□Add
			□Remove
			□Change
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			🗆 Add
			□Remove
			□ Change

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(If an effective Note: 1:	re date, if other than the date of filing:
	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
Dated _	Jan 06 2023.
	Signature of a member or authorized representative of a member
	Lado Todeson