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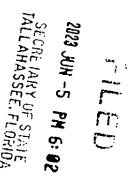
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration So Division of Cor					
SHR IE7	The Best S	how in Town				
SUBJECT:Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	endence concerning this matter	to the following:			
		Amity L Hoffman				
			Name of Person			
			17. (2)			
			Firm/Company			
		745 132nd St. Cir. NE				
			Address			
		Bradenton, FL 34212				
			City/State and Zip Code		•	
		amityd99@gmail.com				
		E-mail address: (to be used for future annual rep	ort notification)		
For furth	er information c	oncerning this matter, please c	all:			
Amity I	loffman		941 730-4	858		
	Name o	f Person	at () Area Code	Daytime Telephone Number		
Enclosed	Lis a check for th	he following amount:				
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	xt) Certified	te of Status &	

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

The Best Show In Town, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 1.20000257563	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SEC ALL	2023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RETARY OF STATE AHASSEE, RLORID,	JUN-S PH 6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		he new registered
Name of New Registered Agent:		
New Registered Office Address:		ı
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City Zi ₁	p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if thi	iar with and is document is

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>	Type of Action
MGR	Ida Joglar	145 Engert Ave, Apt 2R, Brooklyn, NY 11222	\exists Add
			□Remove
			□Change
			□Add
			ПRепюус
			□Change
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lote: If the date inserted in this	he date of filing: must be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requ Department of State's records.	(optional) in 90 days after filing.) Pursuant to 605.0207 aircments, this date will not be listed as
record specifies a delayed effec	tive date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
record specifies a delayed effect his filed.	tive date, but not an effective time, at 12:01 a.m. on the $\frac{2023}{2023}$	earlier of: (b) The 90th day after the
record specifies a delayed effect d is filed.	2023	