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## **COVER LETTER**

TO: Registration Se Division of Cor				
subject: Rayo	Entertain mero Name of Lim	+ Agency Limit ited Liability Company	ed Liubility	Company
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Lowif	Rhoden Name of Person		
	<del></del>	Firm/Company		
	4405 Prain	e CT Address		
	Orlando, +	1 32808		
	official royale	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ication)	
For further information co	oncerning this matter, please co			
Kenyann /	Phoden	at (321 ) 978 - 9	3746	
I Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	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)	

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

Royal Enterlain ment Agent (Name of the Limited Liability Compan (A Florida Limited Li	yas it now appears on our records.) Company.
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 20000231815$ .	were filed on $\frac{9}{19}/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  Roy of Enter to men Age cy  The new dame must be distinguishable and contain the words Limited/Liability	777
Enter new principal offices address, if applicable:	SE
(Principal office address MUST BE A STREET ADDRESS)	72C Z 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHASSEE, FL
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 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
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Remove
			☐ Change
			🗀 Add
			□Remove
			Remove
			□Change
			□Add
			□Remove
			□Chanve

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00