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o: Division of Corp Fax Number :	porations RWhite (850)617-6383	_	
Account Number Phone : (3)	: REGISTERED AGENTS INC. er : 120090000081 07)200-2803 : (855)330-1010	ر	
	**Enter the email address for this busine annual report mailings. Enter only or		
	Email Address:		
: 25	Email Address: LLC AMND/RESTATE/CORREC NATURAL BORN HUSTLERZ E		
:- 5	LLC AMND/RESTATE/CORREC		
Fig. 2	LLC AMND/RESTATE/CORREC NATURAL BORN HUSTLERZ E	ENTERTAINMENT LLC	
~	LLC AMND/RESTATE/CORRECT NATURAL BORN HUSTLERZ E	ENTERTAINMENT LLC	

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12: 35

Natural Born Hustlerz Entertainment LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/09/2020 and assigned Florida document number L20000281982

This amendment is submitted to amend the following:

Florida document number L20000281982		-
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our ce address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		, Florida Zip Code
	Cny	Esp Creat

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 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
AMBR	Shawn Atkinson	924 N Magnolia Avenue Suite 202 PMB 1070	🖸 Add
		Orlando, FL US 32803	Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

. If amending any other inforn	nation, enter change(s) here: (A	Attach additional sheets, if n	ecessary.)
			
			444-444-4-444
		<u>-</u>	
			
. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to de block does not meet the applicable	ate of filing or more than 90 days	ptional) after filing.) Pursuant to 605.0207 (3 this date will not be listed as th
the record specifies a delay) The 90th day after the r	red effective date, but not ar ecord is filed.	n effective time, at 12:0	1 a.m. on the earlier of:
Dated 9/23	2020		
Rilm	Signature of a member or authorize	d representative of a member	
Riley Parl	<		
	Typed or printed no	ime of signee	

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Filing Fee: \$25.00