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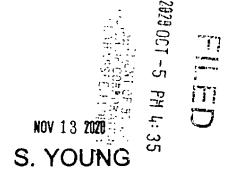
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ggle Giggle	Amusement · L	LC
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Fawn Ba	Warne of Person	
	Giggle G	jiggle Amysene	nt, LLC
	15691 Gold	finch Carcle, to	Jestlate, 16 33470
	Westlake Fawnbau E-mail address:	EFL 3347 City/State and Zip Code 115ta a 1 Cloud. to be used for future annual report notifi	Com fication)
For further information c	oncerning this matter, please ca	all:	
Fawn Name o	Bautista	at (770) 743 - Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF O	RGANIZATION 🛒 😭
Ol	F S T
(Name of the Limited Liability Compan (A Florida Elimited L	AMUSement J. C. J.
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 2000294405</u>	were filed on Soptember 18, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. The Kings Eye Phi The new name must be distinguishable and contain the words "Limited Liability".	sto Booth, LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Cin: Zip 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
			□Add
			□Remove
		- 	Change
			□Remove
			□ Change
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