

120000361628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

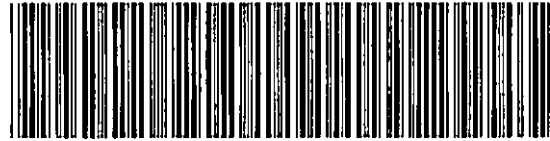
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/21--01015--020 ♦♦25.00

2021 OCT 25 PM 5:45
MILWAUKEE COUNTY
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.S.B ENTERTAINMENT "LLC"
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRAVARIS L GODBOLT

Name of Person

Firm/Company

185 SE 271ST STREET

Address

CROSS CITY FL 32628

City/State and Zip Code

gbolt1985@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRAVARIS L GODBOLT at 352 210-6770
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2021 OCT 25 PM 5:45
CLERK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D.S.B 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 11/16/2020 and assigned
Florida document number L20000361628.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TRAVARIS L GODBOLT

New Registered Office Address:

185 SE 271ST STREET

Enter Florida street address

CROSS CITY

City

Florida

32693

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 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>	<u>Type of Action</u>
MGR	TRAVARIS L GODBOLT	185 SE 271ST STREET	<input type="checkbox"/> Add
		CROSS CITY FL 32628	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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RECEIVED
21 OCT 25
10 51 AM '25

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE CHANGE ABOVE IS TO REMOVE THE SUFFIX "SR" FROM THE REGISTERED AGENTS NAME
ALONG WITH REMOVING FROM THE MANAGERS NAME.

2021 OCT 25 PM 5:45
FALLS CHURCH, VA
RECEIVED

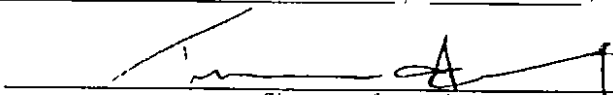
E. Effective date, if other than the date of filing: 10/21/2021 **(optional)**

(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.

Dated October 21, 2021



Signature of a member or authorized representative of a member

TRAVARIS L GODBOLT

Typed or printed name of signee

Filing Fee: \$25.00

Florida

CDL

USA



9 CLASS A

G314-812-85-331-0

GOBBOLT

TRAVARIS LAVALLE

185 SE 271ST ST

CROSS CITY FL 33628

DOB 09/11/1985 SEX M

EXP 09/11/2028 HGT 6-01

12 REST NONE 0a END NONE

SAFE DRIVER

4a ISS 09/11/2020

SPD D8220120000

REPLACED 12/30/2020

Operation of a motor vehicle constitutes

consent to any sobriety test required by law