## LZ0 000 376886

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hame)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: 18 .	Taternation Name of Limit	nat Entertain ited Liability Company	ment'ill"
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	1errance	D. Small.	SR
	Il Int	ernational E	Intertainment, LLC
	13650 As	shlar Slate Pl	are
	Riverview	City/State and Zip Code	579
	E-mail address: (0	to be used for fullire annual report noti	COM fication)
For further information c	oncerning this matter, please co	v ·	
lerrance J	D. Small of Person	at ( <u>XI3</u> ) <u>QOS</u> Area Code Daytime	-1753 e Telephone Number
Enclosed is a check for th	he following amount:		
☐ \$25.00 Filing Fee	X\$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**

(Name of the Limited Liability Compan (A Florida Limited L.)	Entertainment "LLC"
The Articles of Organization for this Limited Liability Company v Florida document number $100037686$ .	12 100 1000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	FILED 921 JAN 20 PM 3
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	<del></del>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	$\sim 8.00$ $\sim 2.00 \pm 0.00$

## ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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 Title Name 1 **Address** Type of Action Terrance D Small 13650 Ashlar State Place Was Riverview 71.33579 □ Change Veronique Tires 13650 Ashlar Slate Place LAND Veronique Pires 13650 A က်\_Change □Remove \_ □Change □ Remove

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Extive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more the second of the date inserted in this block does not meet the applicable statutory filing required.	(optional) nan 90 days after filing.) Pursuam to 605.02 puirements, this date will not be listed
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	e earlier of: (b) The 90th day after th
171/13/2021	
Signature of a member or authorized representative of a	all