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

Division of Cor	porations		•
SUBJECT: APA	B NO ENT PRO	OMOTIONS LCC ited Liability Company	•
<u></u>	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lakeytha	Houston Name of Person	
	Arat no En	77 Promotions 12C Firm/Company	
	<u> 1101 E. Co</u>	Address Ave 5He	20/H HUOS
	Ta	MPA FL 33602 City/State and Zip Code	
	Lakeythaha Finail address: (1	to be used for future annual report notice	fication)
For further information c	oncerning this matter, please ca	all:	
Lakeyth	a Heusten	at (<u>8/3</u>) <u>48/</u> Area Code Daytim	'- 3635
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
10 \$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	 ^	Street Address:	otion
Registration S	Section	Registration Sec	CHOH

Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARAB NO ENT	PROMOTIONS LCC
(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number $\angle 2/00037689$.	any were filed on $\frac{1/19/2021}{}$ and assigned
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 L	liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principa <u>l office address MUST BE A STREET ADDRESS</u>	<u> </u>
Enter new mailing address, if applicable:	2021 00
(Mailing address MAY BE A POST OFFICE BOX)	50- P2 ·
	11 12 12 12 12 12 12 12 12 12 12 12 12 1
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice 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:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin Cods

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR 1mal	Gerrell Houston	1101 E. Cumberland Ave Ste 2014 UOS	🗆 🗅 Add
MGRM		Ste 2014 405	□Remove
		Tampo FL 33402	(Etchange
MGR	Lakeyther Houston	1101 E. Cumberland Ave	🗆 Add
		Ste 201H #C05	□Remove
		Tappa FL 33,002	D&tange
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