Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER Account Number : I19980000047 Phone : (407)423-7656 Fax Number : (407)648-1743

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESCAPOLOGY LAS VEGAS II LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Foley & Lardner LLP

Escapology Las Vegas II LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited)	ony as it now appears on our Liability Company)	records)	
The Articles of Organization for this Limited I Florida document number 1.21000040237	iability Company	were filed on January 20	, 2021 and assigned	
This amendment is submitted to amend the fol	lowing:		٠.	
A. If amending name, enter the new name of		oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	11951 International Drive		
(Principal office address MUST BE A STRE		Unit 2D5		
		Orlando, Florida 32821		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		11951 International Driv Unit 2D5	'e	
		Orlando, Florida 32821		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:			enter the name of the new reg	
	1200 South Pir	ne Island Road		
New Registered Office Address:		Enter Florida stree	t address	
	Plantation		, Florida 33324	

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

_____ □Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Remove
			□ Change
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Foley & Lardner LLP

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(It an effect Note: If	edate, if other than the date of filing the date is listed, the date must be specific at the date inserted in this block does not the effective date on the Department of	nd cannot be prior to meet the applical	o data of filing of mo	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605.0.	207 (3) I as the
the record s cord is filed	specifies a delayed effective date, but no	ot an effective tim	ne, at 12 01 a m lo	n the earlier of (b)	The 90th day after the	the
Dated _	11/11/2021	2021	<u> </u>			
	Decub greet by					
		a member or author	ized representative	of a member		

Filing Fee: \$25.00