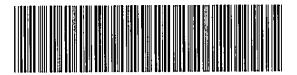
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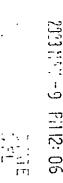
(Requestor's Name)
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COVER LETTER

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TO:

	istration Se ision of Cor					
a	TLDD ENT	ERTAINMENT LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Denise Dumont				
			Name of Person			
		TLDD Entertainment LLC				
		 	Firm/Company	.		
		1831 SW 84th Ave				
			Address		202	
		Davie FL 33324			2923 K.V.	
			City/State and Zip Code		1-9	
		denise@tlddentertainment.c	com to be used for future annual report notific			
For further is	nformation o	e-man address: (ation)	21.2: 06 21.3: 06	
		oncerning this matter, picase c			- I - Ob	
Denise Dum			954 707-2302 at ()			
	Name of	f Person	Area Code Daytime 1	elephone Number		
Enclosed is a	a check for th	e following amount:				
■ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 3	orations llahassee Street, Suite 81	0	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLDD ENTERTAINMENT LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our ed Liability Company)	r record <u>s.</u>)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000066055</u>	ny were filed on FEBRUA	RY 08, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			,
(Principal office address MUST BE A STREET ADDRESS)			, 23
			1724 1
			ف
Enter new mailing address, if applicable:			· == _
Mailing address MAY BE A POST OFFICE BOX)			. 72:
		[90
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records	, <u>enter the name of</u>	the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		, Florida	
	City	2	Lip 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>	Address	Type of Action
AMBR	Marie Therese Corral	10 Rue Henri Dunant, 77000 Vaux le Penil, France	🖺 Add
			□Remove
			Change
AMBR	Jean-Paul Amiot	156 Rue Mercadet, 75018 Paris, France	1 Add
			□ Remove
			上記Change ・・・
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Effective date, if	other than the distinct listed, the date must be	ate of filing	:			(optio	nal) – –	.;	
Note: If the date	insted, the date must to inserted in this blocative date on the Dep	k does not m	leet the appl	icable statuto	ory filing requ	rements, this	date will n	ot be listed	d as t
	a delayed effective	date, but not	an effective	time, at 12:0	I a.m. on the	earlier of: (b)	The 90th	ı day after t	the
rd is filed.									
Dated May 03			2023						
Dated "Tuy "	172	,		·					
Jaicu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.XI _							
	1 June	ignature of a n	nember or au	horized repres	entative of a m	ember			

Filing Fee: \$25.00