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(Request	or's Name)
(Address)
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SHOULET.		RTAINMENT LLC						
SUBJECT:		Name of Lim	Name of Limited Liability Company					
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please return	n all correspo	ndence concerning this matter	to the following:					
		RICKY SOUZA						
			Name of Person					
	•	SOUZA'S TAX & ACCO	UNTING PROFESSIONALS INC					
			Firm/Company					
		6239,EDGEWATER DRIV	VE, SUITE D-01					
			Address					
		ORLANDO, FL 32810						
			City/State and Zip Code					
		-		1021 1750 1750				
For further i	nformation co		•					
RICKY SO	UZA		321 895-4099	, · · · · · · · · · · · · · · · · · · ·				
	Name of	f Person		mber				
Enclosed is	a check for th	ne following amount:		•				
INFO@SOUZATAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICKY SOUZA 321 895-4099 at (tificate of Status & tified Copy				
Ma	iling Addres	s:	Street Address:					
	gistration S		Registration Section					

Registration Section
Division of Corporations
P.O. Box 6327
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**





DPE E	ENT	ERT	AIN	MES	VТ	LLC
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(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 Florida document number $\frac{L21000078178}{L21000078178}$	were filed on 02/13/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:	2050 W Fairbanks Ave #205, Winter Park	. FL 32789
(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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida City	of the new registered
	City	· Zip C Sd e

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 amending Authorized reson(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>	Type of Action
AMBR	Brittany Atkins	2050 W Fairbanks Ave #205, Winter Park, FL 32789	_ ≘ Add
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