

121 000 106929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

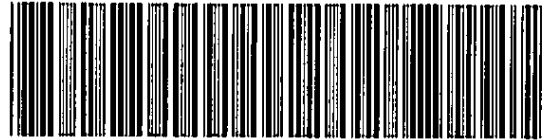
(Business Entity Name)

(Document Number)

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 **ORIGINAL**

2021 OCT 18 PM 1:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2021

JAIME D PERKINS
P.O. BOX 4422
ST. AUGUSTINE, FL 32084

SUBJECT: PUTNAM COUNTY ENTERTAINMENT GROUP LLC
Ref. Number: L21000106929

We have received your document for PUTNAM COUNTY ENTERTAINMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F08000005011.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 521A00017648

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PUTNAM COUNTY ENTERTAINMENT GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME D PERKINS

Name of Person

JDP & ASSOCIATES

Firm/Company

PO BOX 4422

Address

ST AUGUSTINE, FL 32084

City/State and Zip Code

JDPANDASSOCIATES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME D PERKINS

904 3478392

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

Sent Previously

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**

PUTNAM COUNTY ENTERTAINMENT GROUP LLC

(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 were filed on 03/05/2021 and assigned
Florida document number L21000106929.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SQUARE ONE Royal House Entertainment, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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 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

Zip 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MEDFORD R DAVIS	201 CHESSER MONROE RD	<input type="checkbox"/> Add
		HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASKEW VICKERS	PO BOX 2093	<input type="checkbox"/> Add
		PALATKA, FL 32178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen Lewis	887 Cameron Oaks Place	<input checked="" type="checkbox"/> Add
		Middleburg, Florida 32048	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2021


Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

JAIME D PERKINS

Typed or printed name of signee