L21000112793

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COVER LETTER

TO:	Registration Sec Division of Corp		• •
CUDIC		WAY ENTERTAINMENT LL	.c
SUBJE	CI:	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.
Please r	eturn all correspo	ndence concerning this matter	to the following:
		Cheyenne Moseley	
			Name of Person
		Legalzoom.com, Inc.	
			Firm/Company
		101 N Brand Blvd 11th Fl	
			Address
		Glendale, CA 91203	
		caedee09@icloud.com	City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For furt	her information co	oncerning this matter, please ca	all:
Cheyer	ine Moseley		800 773-0888 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a check for th	e following amount:	
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUT THE WAY ENTERTAINMENT LLC

OUT THE WAT ENTERTAINMENT LEC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L21000112793	pany were filed on 03/09/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
OUT THE WAY ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
	_	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the
		_32 20 _32
Name of New Registered Agent:		2022 PEI SEGNE
N. D. ' (LOW ALL		- E
New Registered Office Address:	Enter Florida street address	> N
	-	
	, Florida	- Zip Code
New Registered Agent's Signature, if changing Registered Ag	•	
The state of the control of the changing registered Ap	<u>Sitt.</u>	. : ~ ~ ~ ~

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 = Mar AMBR = Aut	nager horized Member		
Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00