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COVER LETTER

Tallahassee, FL 32314

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CHD IEZT.	Sovaj Ente	rtainment LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Freud Francois Jr			
			Name of Person		_
		Sovaj Entertainment LLC			
	Sovaj Entertainment LLC Firm/Company 5048 Millenia Palms Drive apt 7105				_
		5048 Millenia Palms Drive	e apt 7105	Address The and Zip Code Tor future annual report notification) The Address The	
			Name of Limited Liability Company Iment and fee(s) are submitted for filing. concerning this matter to the following: Pud Francois Jr Name of Person Vaj Entertainment LLC Firm/Company 18 Millenia Palms Drive apt 7105 Address ando. FL 32839 City/State and Zip Code ijent.llc@gmail.com E-mail address: (to be used for future annual report notification) Ing this matter, please call: at (786		
		Orlando, FL 32839			
		sovajent.llc@gmail.com		nor notification)	_
For further in	iformation c	oncerning this matter, please c		port total control of the control of	
Freud Franco	ois Jr			015	
	Name o	f Person		Daytime Telephone Numb	er
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certific sed) Certifie	ate of Status & d Copy
	ling Addres				
	gistration S ision of C	Section orporations			
	. Box 632	•		re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sovaj Entertainment LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 86-3287618.	were filed on 4/15/2021	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:	
Sovaj Entertainment LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2774 East Colonial Drive #1172	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32803	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new register
New Registered Office Address:		2
	Enter Florida street address	海里口
	, Florida _	ာ္မာ ယု
	City	Zip Yode S
New Registered Agent's Signature, if changing Registered Agent:		<i>י</i> ח

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
			□Add
			Remove
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Dated	December	16		2021	 				
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Filing Fee: \$25.00