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| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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COVER LETTER

Registration Section Division of Corporations

TO:

| Chozen Fo | ew Entertainment | | | |
|--|--|---|---|-----------------|
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Jhalique Mitchell | | | |
| | Chozen Few Entertainme | Name of Person | | - |
| | 5612 Rock Island Rd | Firm/Company | | 2022 JUL 29 |
| | Tamarac, Florida 33319 | Address | | ⊒r ⊒r |
| | peppa.chozen@gmail.com | City/State and Zip Code | | 8: 05 |
| | E-mail address: (| to be used for future annual report noti | fication) | |
| For further information c Jhalique Mitchell | oncerning this matter, please c | all: 954 6083458 | | |
| | | at () | | |
| Name o | f Person | Area Code Daytim | e Telephone Numbe | г |
| Enclosed is a check for th | ne following amount: | | | |
| ■ \$25.00 Fiting Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section orporations 7 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations Tallahassee e Street, Suite 8 | 110 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Con</u> (A Florida Limit | mpany as it now appears on c ted Liability Company) | our records.) | |
|---|--|----------------------------|-------------------|
| The Articles of Organization for this Limited Liability Compa Florida document number | any were filed on | , 2022 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | iability company here: | | |
| The new name must be distinguishable and contain the words "Limited Li | iability Company," the designa | tion "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | <u> </u> | | 20 |
| | | | <u> </u> |
| | | ` >. / | [] [] |
| Enter new mailing address, if applicable: | - | ,7; ,71 | . vo (|
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | 37- | G, |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | ce address on our record | s, <u>enter the name o</u> | f the new registe |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida str | eet address | |
| | | Florida | Zip Code |
| | City | : | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Chozen Few Entertainment

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 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 | CARRINGTON, ANDERSON | 2711 FOREST HILLS BLVD CORAL SPRINGS, FL 33065 | |
| | | | □Add |
| | | | =Remove |
| | | | □Change |
| AP | WILLIAMS, DEVONTAY | 1800 N LAUDERDALE AVE UNIT 1407 NORTH LAUDERDALE, FL 33068 | □Add |
| | | | |
| | | | = Remove |
| V D | Michiga de al Luyans | SONO LEA ADPONENTATION STATE AND ADDRESS A | □Change |
| AP | NICHOLAS, ALLEYNE | 8020 HAMPTON BLVD NORTH LAUDERDALE, FL 33068 | □Add |
| • | | | = Remove |
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| | | July 29, 2022 | | | |
| ective date, if other than the effective date is listed, the date mu | st be specific and can | not be prior to date | of filing or more than 9 | (optional)) days after filing.) Pursu | ant to 605.02 |
| e: If the date inserted in this b ument's effective date on the D | lock does not meet | the applicable sta | itutory filing require | ments, this date will n | ot be listed |
| | | | | | |
| cord specifies a delayed effective filed. | e date, but not an c | effective time, at | 12:01 a.m. on the ear | lier of: (b) The 90th | day after ti |
| July 26 | | 2022 | | | |
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