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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Vounce of Lim	Entertainment ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for \$ling .	
Please return all correspo	ndence concerning this matter	to the following:	
	Journe 20853 Nu Pembrole Komple E-mail andress:	Name of Person Mana Entertainme Firm Company Hh Street Address Fines Florida City/State and Zip Code Add To am Ail. Cost to be used for future innual report notified	37029
For further information e	oncerning this matter, please each	at (954) 376-	COLTZ : Telephone Number
linelosed is a check for th	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of \$1 itus	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	٤٠	Street Address	

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AUTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on April 15, 2021 and assigned
Florida document number <u>L21000116361</u>	1 (
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20853 NW 4th Street pembroke Pines FL 33029
(Principal office address MUST BE A STREET ADDRESS)	pembroke lines FL 33029
Enter new mailing address, if applicable:	20953 NW 4th Street
(Mailing address MAY BE A POST OFFICE BOX)	20853 NW 4th Street pembroke pines F6 33029
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	्तर सन्
New Registered Office Address: 2085	53 NW 4th Street
New Registered Office Address: 2089	Exter Florida street address Of & City Florida 33029 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 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 Title Name Address 20853 NW4th Starterado Pembrike lines FZ 33829 Remove Ambr Richard In baptiste 6238 NW 18 st = TIGH SUANSC FC 33313 LIRemove _____ 🗀 Remove ∐Remove ____

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