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COVER LETTER

TO:	Registration Secti Division of Corpo			
CHR II	ect:	econ A. C. R. Marre Name of Limi	Enterlainment	
ונענטה		Name of Limi	ited Liability Company	
The en	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Jean-Andr	Name of Person	
		Xuox Enter	Kinnear LLC Fun/Company	
		S024 Kota Street	Rileigh MC 27601	
		Rleigh /	V(2760) City/State and Zip Code	
		~	Oamail. Com to be used for future annual report notifi	ication)
For fu	ther information con-	cerning this matter, please ca	all:	
 	Name of Po	Mont	at (<u>503</u>) <u>810 917</u> Area Code Daytime	Telephone Number
Enclos	ged is a check for the	following amount:		
Ū \$3	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	etion	Street Address: Registration Sec	ction

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jean And Morr	Enladament LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our recommed Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L216023 8 9 7 8</u>	• •	1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company "the deconation "H	(" or the abbr	evestion "L.I.C."
Enter new principal offices address, if applicable:	u Laminy Company. The designation 13	G)	26
(Principal office address MUST BE A STREET ADDRE	SS)	200	24 H/
			= = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:		Y OF	E M
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	÷: 23
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name	of the new registers
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addi	PCMA	
	. 1	Florida	
	City		Zıp 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

Page 2 of 3

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	Only a maine dringe previously listed
	V 1
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(If an ef <u>Note:</u>	(optional) Serive date, if other than the date of filing: (optional) Serive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Porsoant to 605,0207 (3. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the series effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 2 ^{vol} 2024
	Signature of a member or authorized representative of a member
	Janu Ador Meore Typed or printed name of signee
	Typed or printed name of signee