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Special Instructions to	Filing Officer.	

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/09/2021	_		₩WALK IN
ENTITY NAME ALS E	NTERTAINMENT LI	LC	
			
DOCUMENT NUMBER_			
	PLEASE FILE 1	THE ATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status	,	
	Certified Copy of Ar Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA			
NUMBER OF CERTIFICA	17 <i>ES REQUESTEU</i>	· · · · · · · · · · · · · · · · · · ·	
TOTAL OWED \$25.00		ACCOUNT #: I2016000007	2
		S R FM	
Please call Tina at i	the above number for	r any issues or concerns. Thank you si	o much!

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALS ENTERTAINMENT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06/03/2021	and assigned
lorida document number L21000258649		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
		· •
Name of New Registered Agent:		
New Registered Office Address:		1
	Enter Florida street addre:	NS .
	, F1	orida
	City	oridaZip 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

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	Katrina Larmond	132 Azalea Lane	
		Hawthorne, FL 32640	■Remove
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Tective date, if other than the da	ate of filing:		(optional)
Tective date, if other than the date of effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applicabl	late of filing or more than 90 d e statutory filing requireme	ays after filing.) Pursuant to 605.020
	late, but not an effective time	, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
- · · · · · · · · · · · · · · · · · · ·			
is filed.	2021		
record specifies a delayed effective d is filed. August 6th	. 2021 /S/ Akim La		

Filing Fee: \$25.00