## KAI CCO 32C 75C

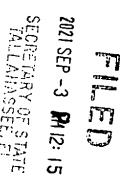
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U9/03/21--U1U16--U2U \*\*90.UU





## To Whom IT MAY. CONCERN

Document # L21000320750

Changes in need of changing. Christopher: · Change title from CEO to MCH for Archibald :E1i Suro Freddy be AMBR and address same as business Aquilar Greta Brodie Stephen Cotton

Christopher Archibald ·Add Authorized person #2. Title is to be MGR and address as business ·Add Authorized person #3. Title is to

·Add Authorized person #4. Title to be AMBR and oddress same as business ·Add Authorized person #4. Title to be AMBR and address same as business

The only other issue is that the EIN does not show on the ADO filed July 12,2021. So please correct said Hypd. The Employer Identification # for College Core Entertainments, LLC is 22-265548

Last thing is when we submitted our last Hilling we requested to be charged for the filing fee, the certificate of status, and finally the certified copy. We did NOT recieve the certified copy or the certificate of status. Since we are being

## **COVER LETTER**

CID IF CT	College Cor	re Entertainments, LLC		
SUBJECT:		Name of Lim	ited Liability Company	······
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Christopher Archibald		
			Name of Person	
		College Core Entertainmer	nts	
			Firm/Company	
		10810 Boyette Road Suite	766	
			Address	
		Riverview, FL 33568		
			City/State and Zip Code	
		collegecore.florida@outlool		
		E-mail address: (	to be used for future annual repor	t notification)
For further in	nformation co	oncerning this matter, please ca	all:	
Christopher	Archibald		813 241532	2
	Name of	Person		aytime Telephone Number
Enclosed is a	check for th	e following amount:		,
\$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section **Division of Corporations** 

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

Street Address: 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

(Name of the Limite	d Liability Com A Florida Limited	pany as it now appear I Liability Company)	s on our records.)	·-··	
The Articles of Organization for this Limited Lia Florida document number L21000320750	ability Compan	y were filed on $\frac{07}{}$	12/2021	and as	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited lia	bility company he	<u>re</u> :		
N/A					
The new name must be distinguishable and contain the wo	ords "Limited Lial	bility Company," the de	esignation "LLC" or the ab	obreviation "I	L.L.C."
Enter new principal offices address, if applica	ble:	N/A			
(Principal office address MUST BE A STREET	(ADDRESS)				<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	N/A	ALI ATI	2021 SEP +3 F	
B. If amending the registered agent and/or reagent and/or the new registered office address	-	address on our re		PH 2:	ew register
Name of New Registered Agent:	N/A		··		
New Registered Office Address:	<del> </del>	Enter Flori	da street address		
			, Florida		
		City		Zip Code	,
New Registered Agent's Signature, if changing R	egistered Agen	t <u>:</u>			

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Archibald	10810 Boyette Road	□Add
		Suite 766	□ Rетюче
		Riverview, FL 33568	≣Change
AMBR	Freddy Aguilar	10810 Boyette Road	≅Add
		Suite 766	
		Riverview, FL 33568	D.C.
MGR	Eli Suro	10810 Boyette Road	≅Add
		Suite 766	П Кетоус
		Riverview, FL 33568	_
AMBR	Stephen Cotton	10810 Boyette Road	
		Suite 766	□Remove
		Riverview, FL 33568	
AMBR	Greta Brodie	10810 Boyette Road	●Add
		Suite 766	□Remove
		Riverview, FL 33568	
			□Add
			Remove
			□ Chance

The El	IN for College Core Entertainments is 82-2605548.	
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ctive ds	te, if other than the date of filing: (optional)	
effective : e: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	
cord spec filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Augu	st 31,2021	
:u	$\overline{\mathcal{O}}$	

Typed or printed name of signee