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COVER LETTER

Division of Cor			
SUBJECT:	WILD GROVE J	ENTERTAINM	ENT LLC.
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
,	NEONARDO	Name of Person	
		Firm/Company	
	4121 SW 3	3rd St Address	
	PUANTATION	To 33317 City/State and Zip Code	
	E-mail address: (to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please c	all:	
MACICEL Z	AUSRANO	at (<u>786</u>) 3	44 7077
Name o	i rerson	Area Code	zaytime reiephone (voluoei
Enclosed is a check for the	he following amount:		
₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	The Centre	
		Tallahasse	e. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	OP FUTE ed Liability Compan (A Florida Limited Li	RTAINMENT y as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited List Florida document number 210003 CT This amendment is submitted to amend the follows:	11723.	vere filed on JUY	28,2021	and assigned
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the work that the manner of the second of the secon	able:			bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I				
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:			
Name of New Registered Agent: New Registered Office Address:	4121 S	SW 3rd SENER Florida str	set address	7777
New Registered Agent's Signature, if changing R		fT10ム	, Florida	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this	er and complete p stered agent as p registered office o	performance of my d rovided for in Chapt	luties, and Lam er 605, F.S. Or	familiar with and if this document is

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>	<u>Address</u>	Type of Action
ANBE	MARTINEZ, ANAP	7252 NW MIAMI ET MIAMI	□Add
		五,33150	Kemove
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	ie date inserted in t	ate must be specific a	and cannot be prior to out to the cannot be applicable to the applicable appl	date of filing or more the statutory filing rec	(optiona han 90 days after filir quirements, this da	l) (g.) Pursuant to 605.0207 (te will not be listed as t
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