L21000426553

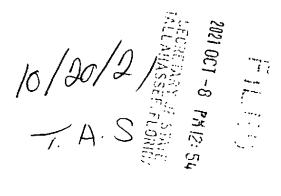
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

	TON SQUARE ENTERTAINN	MENT LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	GAYLE A GRANVILLE		
		Name of Person	.
	INTER-STATE CORPORA	TE SERVICES, INC.	
		Firm/Company	
	P. O. BOX 71055		
		Address	
	RIVERSIDE, CA 92513		
		City/State and Zip Code	
	INTERSTATECS@AOL.CO	OM be used for future annual report in	otitication)
For further information c	oncerning this matter, please cal		o.i.i.tuiloii,
GAYLE A GRANVILLI	E	951 743-2263	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
_ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	

Division of Corporations Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WASHINGTON SQUARE ENTERTAINMENT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 28, 2021 and assigned Florida document number $\frac{L21000426553}{L21000426553}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

, Florida

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	DWIGHT J HILL	505 BEACHLAND BLVD STE 1-195	
		VERO BEACH, FL 32963	■Remove
			□Change
AMBR	DWAYNE J HILL	505 BEACHLAND BLVD STE 1-195	= Add
		VERO BEACH, FL 32963	□Remove
			□ Change
	_ .		Remove 12:
			□ Add
			□Remove
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(If an effe	ve date, if other than the ective date is listed, the date many of the date inserted in this ent's effective date on the	ust be specific and block does not r	I cannot be prior neet the applic	able statutory f	r more than 90 days		
the record	d specifies a delayed effect ed.	ive date, but not	an effective t	ime, at 12:01 a.	n, on the earlier o	of: (b) The 90th	day after the
Dated_	OCTOBER 4		2021				
_	0/11	No.	1.1.00				

Typed or printed name of signee

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