## LZ1000441711

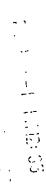
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A. RIVERS NOV 10 2021



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## **COVER LETTER**

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Registration Section

TO:

Division of Corporations
SUBJECT: RANDY THE AGENT ENTERTALMENT, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PANDY RODRIGUEZ  Name of Person
Firm/Company
1656 HUBBELL RD
1656 HUBBELL RD Address
WESLEY CHAPEL FL 33543
City/State and Zip Code  City/State and Zip Code  Condytheagententertainmentegrail.com  E-mail address: (to be used for future annual report no diffication)
For further information concerning this matter, please call:
PANOY RODRIGOEZ at 201, 655-1395  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANDY THE AGENT ENTERTAIMENT	
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 C Florida document number <u>L 21000 441711</u>	Company were filed on $10/08/2021$ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim  The new name must be distinguishable and contain the words "Lim	nited liability company here:  + Company here:  hited Liability Company," the designation "LLC" or the abbreviation "L.L.C"	V 14
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
<u>Name of New Registered Agent:</u>	d office address on our records, <u>enter the name of the new r</u>	egistered
New Registered Office Address:	Enter Florida street address	
	, Florida  City Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply complete performance of my duties, and I am familiar with a agent as provided for in Chapter 605, F.S. Or, if this documed office address, I hereby confirm that the limited liability	and ent 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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
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(If an eff Note:	ive date, if other than the date of filing: 10/26/2021 (optional) fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	OctoBER 26 2021
	Signature of a member or authorized representative of a member

THE E COLOR