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A. BUTLER JAN 26 2022

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: <u>Outdoor C</u>	Name of Limited Liability Company	<u>2021 D</u> FC U AM 8: i
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
	Norri Boado Name of Person	
DUAdo	or Cinema and Events	LLC
9340	Hawks Point Dr Address	
Jock	City/State and Zip Code	
	mail address: (to be used for future annual report notification))
For further information concerning this m	atter, please call:	
Norri Boado Name of Person	at (Area Code) 207 - 005 Area Code Daytime Teleph	one Number
Enclosed is a check for the following amo	unt:	
S30.00 Filing Fee S30.00 Filing Fee Certificat	ng Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporation	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallaha 2415 N. Monroe Stree	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

<u> Uutdoor Cinema a</u>	ind Events LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100460280</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Luna Night Cinema LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9340 Howks Point Do
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL. 32222
Enter new mailing address, if applicable:	NIA
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent: Name	<u> </u>
New Registered Office Address: NP	Ī
	Enter Florida street address
NA	Florida NA
	City Zip¹Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agre	e to act in this capacity. I further goree to comply with the

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
NA	NIA	NA	□Add
			□Remove
			Change
			□Add
			□Remove
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		-	□ Remove
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	NA
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te: I	re date, if other than the date of filing: 12 6 72021 (optional)
ecord s file	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 d.
ted _	1/m Dark
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memory

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