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## **COVER LETTER**

TO:	Registration Se Division of Cor						
	CHILLAX ENTERTAINMNET, LLC						
SUBJI	ECT:	Name of Lim	ited Liability Company				
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Son'ya Wifeher					
			Name of Person	<del> </del>			
		6739 Gaspar Cir W	Firm/Company	<del></del>			
		Jacksonville, FL 32219	Address	<del></del>			
		sonyawilcher@yahoo.com	City/State and Zip Code	···			
		E-mail address: (	to be used for future annual report noti	fication)			
For fu	rther information c	oncerning this matter, please ca	all:				
Son'ya	a Wilcher		904 716-1274				
	Name o	f Person	at () Area Code Daytime	e Telephone Number			
Enclos	ed is a check for th	ne following amount:					
<b>≘</b> \$2	5.00 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: 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

CHILLAX ENTERTAINMNET, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records mited Liability Company)	.)
The Articles of Organization for this Limited Liability Com Florida document number 1.22000015453	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
CHILLAX ENTERTAINMENT, LLC		
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 ADDRES	SS)	
•		E21
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	11, 29
Manual Maria De Milos Control De Control		P (2)
B. If amending the registered agent and/or registered of	ffice address on our records, enter t	he name of the new register
agent and/or the new registered office address here:		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code

## 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.

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
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ective date, if other than the date of filing effective date is listed, the date must be specific and	;	1	4 00 1	(optional)	<b></b>	(05)
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