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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	FALLAN, JOSES JELVRIDA
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COVER LETTER

TO: Registration Se Division of Cor		. .	
STAGE IN	dustry, the		
	Name of Lim	ited Liability Company	,
The applicant Aminto of	Amonda and S. (a) and all	and the Control of the Control	
	Amendment and fee(s) are sub	Ť	
Please return all correspo	ondence concerning this matter	to the following:	
	LOUIS HOWELL		
		Name of Person	
		Firm/Company	
	8427 WHITE EGRET WA	Υ	
		Address	
	LAKE WORTH, FL 3346	7	
	chippyiam2u@yahoo.com	City/State and Zip Code	<u></u>
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
LOUIS HOWELL		561 876-7154	
	f Person		- 7154 c Telephone Number
		•	
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

STAGE INDUSTRY, 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 $\frac{01/05/2022}{1}$ and assigned Florida document number 1.22000018890 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 "LLC" 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. 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
MGR	Gordon Young	8427 WHITE EGRET WAY, LAKE WORTH, FL	
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			□ Change
MGR	LOUIS HOWELL	8427 WHITE EGRET WAY, LAKE WORTH, FL	334 ■Add
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ecord specifies a delayed effective date, but not an effect s filed.	tive time, at 12:	01 a.m. on the ea	urlier of: (b) T	he 90th c	lay after tl
ted January 20th 2022	<u> </u>				
ted January 20th 2022 Signature of a member of	 -				

. . .

Filing Fee: \$25.00