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SECRETARY OF STATE



COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Kat	man Entertai	inment LLC.	
30B3ECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	_ Francisc	Firm/Company Andrews Ave Address Park, FL 33309 City/State and Zip Code es 1 D g mail · com I address: (10) fe used for future annual report notification) To please call: at (454) 274-0489 Area Code Daytime Telephone Number	
		Firm/Company	
	4533 N And	news Ave	
		Address	
	oakland Park	-, FL 33309	
	E-mail address:) a mail - com to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c		,
Francisco	valle	acu 274-	0489
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		· · · · · · · · · · · · · · · · · · ·	etion
Division of C		Division of Cor	porations
P.O. Box 632			
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Katman Entertainment LLC

(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number				222 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	<u>ie limited liab</u>	oility company her	<u>re</u> :	
Katman Ent. LLC				
The new name must be distinguishable and contain the word	ls "Limited Liabi	ility Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reginated and/or the new registered office address be	istered office	address on our re	cords, <u>enter the r</u>	SECRETARY OF STATE In ame of the Sew register
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flori	da street address	
			, Florida	·
		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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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