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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
Charles and Charles	ntertainment LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Dempsey		
		Name of Person	., ., ., ., ., ., ., ., ., ., ., ., ., .
	ZenBusiness Inc.		
		Firm/Company	
	336 E College Ave, Ste 36)1	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Michael Dempsey c/o Zo	enBusiness Inc.	844 493-6249 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Chipcity entertainment LLC

2022 JUN 24 AH 7: 53

(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 $\frac{05/24/2022}{1}$ and assigned Florida document number L22000241518 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 _, Florida __

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>	<u>Address</u>	Type of Action
MGR	Khadrian Cope	1952 Harvest Landing Cir.	
		Lakeland, FL 33810	≣Remove
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specif block does	tic and cann not meet t	iot be prior t the applica	o date of filir	ig or more tha	option (option 190 days after (irements, this	filing.) Pursuan	t to 605.0207 be listed as t
ne record specifies a delayed effectord is filed.	ive date, bu	at not an e	ffective tir	ne, at 12:01	а.m. on the	earlier of: (b) The 90th da	ny after the
Dated June 21)22	<u></u> .				
/s/ Kevon h	rite							

Filing Fee: \$25.00