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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT.	SHOWT	IME ELITE EVENTS LLO	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	endence concerning this matter		
		Sonia Becerra	
	· · ·	Name of Person	
		Swyft Filings	2023 JUN 23
		Firm/Company	
		3 Greenway Plaza #1320	23
		Address	
		Houston, TX 77046	2: 36
		City/State and Zip Code	
	in	fo@legalcorpsolutions.c	om
For further information c	E-mail address: (oncerning this matter, please c		otification)
Sonia B	ecerra	877	7-0450
	f Person	at (O//)	ime Telephone Number
Enclosed is a check for the	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 Registration S		Street Address: Registration S	
Division of C	Corporations	Division of C	orporations
P.O. Box 632 Tallahassee, 1		The Centre of	
i ananassee, i	F し 32314	Z413 N. MION	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOWTIME ELITE EVENTS LLC

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
SoFlo Media	Groups LLC
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	170 SE 14th Street Unit 1602
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131 💢 🔀
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	170 SE 14th Street Unit 1602 3 3 3 3 3 3 3 5 5 6 5 6 6 6 6 6 6 6 6 6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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.

V	
X	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

Title	Name	Address	Type of Action
AMBR	BRANDON ZACK	1601-1 N MAIN ST #3159	
		JACKSONVILLE, FL 32206	Х ТRетюче
		-	□Change
AMBR	BRANDON ZACK	170 SE 14th Street Unit 1602	X ^dd
		Miami, FL 33131	Remove
			Change
			□Add
			Remove
			Add TP Remove
			(7) (7) (D) [] Change
			□Remove
			□Change
			□Remove
			□ Change

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ective date, if ot	her than the date of t	filing:		(optional)	
te: If the date inse	erted in this block does i	not meet the applicab		than 90 days after filing.) Pur quirements, this date will	
ument's effective	date on the Department	of State's records.			
cord specifies a des	elayed effective date, bu	t not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b) The 90	oth day after the
_{ed} Ju	ne 15th	2023			
		·	- /		

Typed or printed name of signee