## U22000462921

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## **COVER LETTER**

Division of Corporations				
UBJECT: SRQ	Enterta) Name of Limit	an men+ (	o. LLC	
he enclosed Articles of Amendme	nt and fee(s) are subn	nitted for filing.		
lease return all correspondence con	ncerning this matter to	the following:		
	Kimberl	Dendy Name of Person		
	SRQ E	ntertainme	nt Co.	
	1699 Ta	vering Oal	< Dr.	
	Saraso	FL 34 City/State and Zip Code	232	<del></del>
<del></del>		be used for future amount		
For further information concerning	this matter, please cal	<b>!</b> :		
Matthew Dence Name of Person	ly	at (441) Area Code	284 - 262 Daytime Telephone	Number
Enclosed is a check for the following	g amount:			
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Mailing Address: Registration Section		<u>Street Ac</u> Registra	<u>Idress:</u> ation Section	
151. 1.1 6.6		Diam'r.	C C	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
he Articles of Organization for this Limited Liability Company lorida document number <u> </u>	y were filed on _	10/27/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	<u>here</u> :	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our	records, enter the name	of the new registere
Name of New Registered Agent:			
New Registered Office Address:		2.	2022
	Enter F	lorida street address .	TOV.
	City	Florida 🚣	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	-	AMI
hereby accept the appointment as registered agent and agreovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	e performance o provided for in	of my duties, and I am fai Chapter 605, F.S. Or, if	miliar with and this document is
	_		

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added removed from our records:

GR = Manager

**MBR** = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>1BR</u>	Matthew Deidy	1699 Towarmy Ock Dive	□Add
		Science LE 3-123.7	iXRemove
			ElChange
IMBR	Kimberly Dendy	1699 Towering Okk Drive	<b>X</b> Add
	ľ	Salasota Fr 31732	□Remove
			□Change
VGR	Matthew Dendy	1669 Takeing Cak Dive	XAdd
	,	Sciesula FL 34737	□Remove
			□Change
***			CIAdd
			□Remove
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·			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<b>\</b>	

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(If an ef Note:	live date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Mitture Deerly Kim Dearly Signature of a partible or authorized representative of a member?
	Matthew Dendy Kimberly Dendy Typed or printed name of signee

Filing Fee: \$25.00