L23 000 dlo5 25

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900401136409

01/25/23--01007--010 **25.60

 \sim

COVER LETTER

CHB IPC		ERTAINMENT LLC		
SUBJEC	· ·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Luciano D'Alessandro		
Division of Corporations LDG ENTERTAINMENT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Luciano D'Alessandro Name of Person LDG ENTERTAINMENT LLC Firm/Company 3962 Adra Ave Address Doral. Florida 33178 City/State and Zip Code lucianodg77@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luciano D'Alessandro Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc				
			Firm/Company	
		3962 Adra Ave		
			Address	
		Doral. Florida 33178		
Division of Corporations LDG ENTERTAINMENT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Luciano D'Alessandro Name of Person LDG ENTERTAINMENT LLC Firm/Company 3962 Adra Ave Address Doral. Florida 33178 City/State and Zip Code Lucianodg77@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luciano D'Alessandro Name of Person Area Code Daysime Telephone Number Enclosed is a check for the following amount: See S25.00 Filing Fee Certificate of Status Certificate Of Status See Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corpopations Street Address: Registration Section Division of Corporations				
T C L -	- '- C		-	ouncation)
ror turtne	r intormation c	oncerning this matter, please c	aii:	
Luciano D'Alessandro				
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 Filing Fee		Certified Copy	Certificate of Status &
_				
-				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Florida document number L23000016525		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	3
		• • •
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICI</u>	= BOX)	
		<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addr		ecords, enter the name of the new regist
Name of New Registered Agent:	Luciano D'Alessandro	
New Registered Office Address:	3962 Adra Ave	
	Enter Flo	rida street address
	Doral	, Florida 33178
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LINC EXPENDED AND OTHER LINC

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>	Name	Address	Type of Action
MGR	Luciano D'Alessandro	3962 Adra Ave. Doral Fl 33178	
			□Remove
			■ Change
			□Add
			—
			□Change
			□Remove
			□ Change
			🗖 Add
			□Remove
			□ Change
		 	□Add
			□Remove
			□Add
			□Remove
			☐ Change

_		
_		
_		
_		
_		
_		
		
_		.
	-	
in effect: ote: f	tive date, if other than the date of filing:	
ecord s is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day l.	after the
01. ted	,	
	fello Cx,	
	Signature of a member or authorized representative of a member	_