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COVER LETTER

Division	of Corporations			
	TER TICKETS LLC			
SUBJECT:	Name of	Limited Liability Company		
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.		
Please return all co	orrespondence concerning this ma	ntter to the following:		
	SAMUEL ROGATIN	SKY		
		Name of Person		
	ROGATINSKY AND	MATTHEWS, P.A.,		
Firm/Company				
	3113 STIRLING RD	SUITE 103		
		Address		
	FT LAUDERDALE, FL 33312			
		City/State and Zip Code		
	SAMR@ROGATINSK	YLAW.COM uses: (to be used for future annual report noti	dication)	
For further informa	ation concerning this matter, plea			
Ben Rogatinsky		954 336-0715		
1	Name of Person	at ()	ne Telephone Number	
Enclosed is a chec	k for the following amount:			
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Statu		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing A</u> Registra	Address: ation Section	Street Address: Registration Se	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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 FILED OF 2023 OCT 11

MISTER TICKETS, LLC

(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 01/24/2023	and assigned
Florida document number 1.23000043453		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	rs
		orida
	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 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>	Address	Type of Action
MGR	DIMITRI SAGATOV	7004 NE 5TH AVE, MIAMI FL 33138	= Add
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an effective date is Sote: If the date	Fother than the da listed, the date must be inserted in this block ive date on the Depa	e specific and cannot does not meet the	e applicable statute	ing or more than 90 day	(optional) es after filing.) Pursuant t ts, this date will not b	o 605.0207 e listed as
record specifies d is filed.	a delayed effective d	ate, but not an effe	ective time, at 12:0	II a.m. on the earlier	of: (b) The 90th day	after the
ated						
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)				
						
	518	inature of a member	or authorized repres	entative of a member		

Filing Fee: \$25.00