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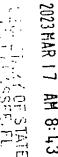
(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Se Division of Cor				
	Kat Walk	Entertainment LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
Please	return all correspo	ndence concerning this matter	to the following:		
		Katherine Roth			
			Name of Person		
		Kat Walk Entertainm	ent LLC		
Firm/Company					
500 Buford Hwy Apt. # 2501					
			Address		
		Suwanee, GA 30024	!		
		KatWalkEntertainmer	City/State and Zip Code nt@gmail.com	71-7973 Daytime Telephone Number 8 & S60.00 Filing Fee, Certificate of Status &	
		E-mail address: (to be used for future annual report notific	cation)	
For fu	rther information c	oncerning this matter, please c	all:		
Kath	erine Roth		814 571-7973		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
⊿ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

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

Street Address:

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

Kat Walk Entertainment LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on (la Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability (L2300089371 L2300089371	Company were filed on	/23 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
at Walk Entertainment, LLC		
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	207
		2023 HAR
Enter new mailing address, if applicable:	N/A	表っに
Mailing address MAY BE A POST OFFICE BOX)		SO # 0
		7. F. A. F.
		$\sim \frac{1}{100}$ ω
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		ds, enter the name of the new registo
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida st	reet address
	Emer I ariqu sa	, CC Control Colo
	Cuv	, Florida
	1 111	7.17) COCH'

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>Tițle</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	□\dd
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			Change
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Effective date, if other than the fan effective date is listed, the date it Note: If the date inserted in this document's effective date on the	ust be specific and ca block does not mee	et the applicable	te of filing or more th statutory filing req	(options an 90 days after fili uirements, this da	ng.) Pursuant to 605,0207
e record specifies a delayed effect d is filed.	ive date, but not an	effective time,	at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
March 12	•	2023			
Dated		<u> </u>			
1.7 -	11-2	<i>/</i> · _			
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