L23000114193

(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			

Office Use Only



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of 91 10/2023

COVER LETTER

TO: Registration Section Division of Corporations				
	TERTAINMENT LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ROBERT SALINAS			
	Name of Person			
		Pirm/Company		
	5301 TAYLOR ST			
	Address			
	HOLLYWOOD FL 33021			
	ADMIN@RCBS.BIZ	City/State and Zip Code		
		to be used for future annual report notifi	ication)	
For further information of	concerning this matter, please c	atl:		
ROBERT SALINAS		786 338-9000 at ()		
Name (of Person	at ()	Telephone Number	
Enclosed is a check for t	he 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 Address: Registration Section		Street Address: Registration Sec		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 AUG 28 AH 9:59

GOM ENTERTAINMENT 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 _____03/06/2023 _ and assigned Florida document number L23000114193 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ____ City 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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CLIVIO, LUCIANO	6388 SLEEPY WILLOW WAY	≣ Add
		DELRAY BEACH, FL 33484	□Remove
			Change
<u></u>			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
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			□Remove
			□Change

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Note: If the date inserted in this b	e date of filing: ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as the
f the record specifies a delayed effecti ecord is filed.	ive date, but not an effective time, at 42:01 a.m. on	the earlier of: (b) The 90th day after the
Dated	2023	
	Guadalupe Alvear	
	Signature of a member or authorized representative of	a member
GUADALUPE ALVE	AR - AMBR	
	Typed or printed name of signee	

Filing Fee: \$25.00