

L23000199782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

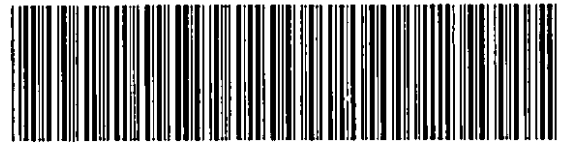
(Document Number)

Certified Copies _____

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05/15/23--01025--035 **25.00

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CLERK OF STATE
TALLAHASSEE, FL
MAY 15 PM 6:48

R. HUNT
05/15/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

A CLASS ENTERTAINMENT LLC

SUBJECT: A CLASS 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:

Vagner Pires

Name of Person

Firm/Company

1820 The Oaks Blvd.

Address

Kissimmee, Fl. 34746

City/State and Zip Code

infaredworld@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vagner Pires

Name of Person

at (407)

Area Code

346-2421

Daytime Telephone Number

Enclosed is a check for the 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
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

Cover Letter

Hello,

This is Vagner Pires, I am sending these forms and payment on behalf of A Class Entertainment LLC. We would like to amend the name of the LLC, due to a typo error while filing. The typo was in the word Entertainment where the l came before the a. So we will be changing from Entertianment to Entertainment. I have attached a money payable to "Florida Department of State."

I have also, attached all paper work needed to amend the name of the LLC.

Thank You

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

A CLASS ENTERTIANMENT 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 04/21/2023 and assigned
Florida document number 700407250317.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A CLASS ENTERTAINMENT LLC.

The 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

1820 THE OAKS BLVD.

KISSIMMEE, FL. 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1820 THE OAKS BLVD.

KISSIMMEE, FL. 34746

FILED
2023 MAY 15 PM 6:48
CLERK OF STATE
KISSIMMEE, FL.

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 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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee