

L23000241251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

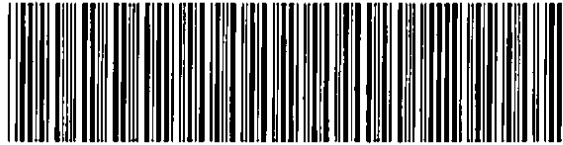
Special Instructions to Filing Officer:

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J. DEWITT

DEC 1 2 2023

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11/21/23--01032--007 **25.00

FILED
2023 NOV 21 PM 1:21
SECRETARY OF STATE
TAMPA, FLORIDA



Date: 11/13/2023

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CEWPINS LLC - File Number: L23000241251

To Whom It May Concern:

Attached please find the executed Certificate of Amendment the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc.
Attention: Nicholas Bialota
336 E. College Ave.
Suite 301
Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at {fulfillment@zenbusiness.com or compliance@zenbusiness.com}.

Thank you,

Nicholas Bialota
ZenBusiness Customer Success

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

CEWPINS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2023 NOV 21 PM 1:21
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/16/2023 and assigned
Florida document number 1.23000241251.

This amendment is submitted to amend the following:

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

CTS 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

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 *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

[illegible]

[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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 13th, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00