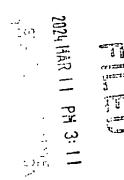


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COVER LETTER

TO:	Registration Se Division of Cor		·	
erbie	THA CLO	UD 9, LLC		
SUBJEC	L.I.;	Name of Lin	ited Liability Company	 -
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		DINNIS SIFFORD		
			Name of Person	
			Firm/Company	
		PO BOX 21295		
		DETROIT, MI 48221	Address	
			City/State and Zip Code	
		todaydwt@gmail.com E-mail address: (to be used for future annual report not	dication)
For furth	ner information c	oncerning this matter, please c	all;	
DINNIS	SSIFFORD		313 522-1970	
	Name o	f Person	at ()Area Code Daytim	ne Telephone Number
Enclosed	d is a check for th	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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632	•	The Centre of T	
	Tallahacene I			a Strant Suita SIA

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THA CLOUD 9, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000546288}{1.23000546288}$	were filed on MARCH 7, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
STRATOSPHERE RESTAURANT & LOUNGE, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		نې دنې
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	Zip Code
Now Davistared Agent's Signature, if changing Pagistared Agent		

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
		☐Remove	
		.	Change
			□Remove
		□Change	
		□Add	
		□Remove	
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wore:	ve date, if other than the date of filing: (optional) (ive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record ford is fi	I 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 ed.
	MARCH 7 3/024
D	
Dated	
Dated	Jimm Al V

Typed or printed name of signee