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COVER LETTER

TO: Registration Se Division of Cor					
showtimear	vl LLC				
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Feroze Yasin				
		Name of Person			
	showtimeavl				
		Firm/Company			
	1800 roper rd			(i)	23
		Address		ZE	123
	st cloud fl 34771			上角	2024 J&H -3
		City/State and Zip Code		32	ω
	ferozeyasin@gmail.com			17.5 17.5	===
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifall:	ication)		VAIII: 24
Feroze Yasin		407 406-0011			
Name o	t Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Status opy	
Mailing Addres		Street Address: Registration Sec	etion		
_	Registration Section Division of Corporations		porations		
P.O. Box 632	27	The Centre of T	allahassee		
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Showtimeavl LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000555895	ny were filed on Dec 18th 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Showtime AVL LLC	
The new name must be distinguishable and contain the words "Limited Liab	• • •
Enter new principal offices address, if applicable:	2021 SEC
(Principal office address MUST BE A STREET ADDRESS)	
	23 1
	(→1
Enter new mailing address, if applicable:	ACC SERVICES (Control of the control of the contro
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
<u></u>	111
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	•
New Registered Agent's Signature, if changing Registered Agent	_
I hereby accept the appointment as registered agent and ag	gree to act in this capacity. I further agree to comply with

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
			
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