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(((H24000186520 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I28230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

\*tEnter the email address for this business entity to be used for future ಟಾಹ್ದ್ದ್ವ್ annual report mailings. Enter only one email address please.\*\*

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## 2024-05-25 10:47:19 UTC+14

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From: ZenBusiness User

## COVER LETTER

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то:	Registration Se Division of Cor			
	Prolific Ent	grainment LLC	¥	Į
SUBJE	CT: <u>T</u>	Name of Lim	ted Linbility Company	
The enc	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		Allison Monzon		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	01	
		<u></u>	Address	
		Tollahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
F #	L :_ C		o be used for future annual report notification)	
		oncerning this matter, please c		
c/o Ze.	nBusiness INC		844 493-6249 at ()	
	Name of	f Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	e following amount:		
<b>≡</b> \$25	3.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enc	
	MailingAddress Registration S		StreetAddress: Registration Section	
	Division of Co	orporations	Division of Corporations	
	P.O. Box 632 Tallahassee, F		The Centre of Fallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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2024-05-25 10:47:19 UTC+14

18506176383

From: ZenBusiness User

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000186520 3

(Same of the Limited Lin (A Flo	ibility Company as it now appears on our re orda Limited Liability Company)	cords,)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 2024-02-14	andassigned
Florida document number L24000079661	· · · · · · · · · · · · · · · · · · ·	•
This amendment is submitted to amend the following	y:	
A. If amending name, <u>enter the new name of the t</u>	limited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation:	FLLC" or the abbreviation "FLLLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
		\$ 100 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	)	
	•	
	<del> </del>	<b>202</b> 오트
B. If amending the registered agent and/or registe agent and/or the new registered office address her		iter the name of the new registe
agent analog the new registered office address net	<b>T</b> .	AY 2
Name of New Registered Agent:		
	- · · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street ac	<u> </u>
	1,717, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	litres B O
•		ETT.
	City	, Florida Zip Code

Thereby 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>	Nume	Address	Type of Action
AMBR	Josh Robert Rossi	5319 Applegate Ct Bradenton , FL 34211	≅ Add
			□Remove
			[] Change
		**************************************	□Remove
			ClChange
			🗀 Add
			🗆 Remove
			Change
······································			
			□Remove
			[]Change
			□Add
			ElRemove
			☐ Change
			DAdd
			□Remove
			Change

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any out into	rmation, enter change(s) here: (Attach additional sheets, if necessary)
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<del></del>	
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400 80 4	
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Tivie, it the date inserted in this	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) s block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.
If the record specifies a delayed effect record is filed	ctive date, but not an effective time, at 12:01 a.m. on the carlier of; (b). The 90th day after the
Dated 05/24	2024
/s/ Preston	
	Signature of a member or authorized representative of a member
Preston Ross Piver, M	Member
************	Turned or printed purpo of single