Τo

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)389-0502

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

	4.4	
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TO:

Page. 3 of 6

COVER LETTER

	legistration Se division of Cor			
cup ina	Hollywood	Knights LLC		
SUBJECT	T:Nanue of Limited Liability Company			
The enclas	erl Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		E-mail address: (to be used for future armual report notif	ication)
For further	r information c	oncerning this matter, please ca	alt:	
Mike Tow	∕n		800 773-0888 at ()	
	Name o	f Person		: Telephone Number
Enclosed i	s a check for th	ne 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		ation Section	STREET/COURING Registration Section Division of Corpora	n
Division of Corporations		on or Corporations	Division of Corpore	grivila

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp		
(A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000154860</u>	were filed on 04/01/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		.0211
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		7 P -
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, enter the name of the n
Name of New Registered Agent: New Registered Office Address:	Enter Florida street	address
Name of New Registered Agent:	Enter Florida street	
Name of New Registered Agent:	Enter Florida street City	address Florida Zip Code
Name of New Registered Agent:	City	, Florida

والمنافرة والمنا

If Changing Registered Agent, Signature of New Registered Agent

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2024-11-04 13.43:56 PST

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

Τo.

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GASIBROSKI, RICHARD		
		950 QUAIL CT SW, VERO BEACH, FL 329/8	■ Remove
			□ Сһапде
AMBR	RICHARD GAZ	950 QUAIL CT SW, VERO BEACH, FL 32968	≣ ∧dd
		·	□ Remove
			☐ Change
AMBR	KOBLINSKI, RICHARD		
		950 QUAIL CT SW, VERO BEACH, FL 32968	В Кеточе
			☐ Change
AMBR	RICHARD HOBLINSKI	950 QUAIL CT SW, VERO BEACH, FL 32968	B Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change

To:

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Filing Fee: \$25.00