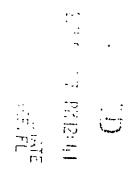
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(Document Number)
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TO: Registration Section Division of Corporations	
SUBJECT: DJ So Nyce & Enter Name of L	tounnent Services LLC imited Liability Company
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
	Name of Person
	Firm/Company
1135 W	Address
Circentifices F. DJSeNyce 12 E-mail address	City/State and Zip Code 3 Dana 1. Cem (to be used for future annual report notification)
For further information concerning this matter, please	
Sone Simory Name of Person	at (561) 294-2114 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ Sonyec & Entertainment Name of the Limited Liability Compar (A Florida Limited L			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400263138</u> .	were filed on <u>06/18/20</u> 2	24 and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	r 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:		<u> </u>	· ·
(Mailing address MAY BE A POST OFFICE BOX)			*e > f"
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new	registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Florida street address		
	, Florio	da Zip Code	
	CIT.	sap coae	

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.

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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