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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Lakeland Entertainment Incomment Number: Pan m 22118
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fraucisco Lupio Name of Contact Person
Name of Contact Leison •
296 Beauvoir VC. SIM
Blox, MS 39531
E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Fraucisco Correson at (228) 276 9620 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed) S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

•	Articles of Amendment	FILED
Lakeloud Ente	Articles of Incorporation of Land Meut	17 AUG 22 AM 11: 09
(Name of Cor	poration as currently filed with the F	orida Dept. of State)
	(Decompart Number of Comments	
	(Document Number of Corporation (if ki	·
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Cor	poration adopts the following amendment(s)
A. If amending name, enter the new name of	f the corporation:	
7		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession	r "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>		Beauvoir 12 Biloxi MS 521
D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, en stered office address:	er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if changing the language of the appointment as registered a second the appointment as registered as the language of the lang	ng Registered Agent: gent. I am familiar with and accept the	obligations of the position.
	Signature of New Registered Agent, if	changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>enes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name .		<u>Addres</u> s
1) Change	<u>D</u>	_	MITZI	Kittrel	3120 Carleton
Add					CIG E. Lakelau
X Remove					FL 33203
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
б) Change		_			3-7
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	_		
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f an amendment provides for an exch	anga muslussifiaatia-		afianus daluma	
provisions for implementing the amer	ange, rectassification, idment if not containe	or cancenation : d in the amendr	nent itself:	
(if not applicable, indicate N/A)	1		<u> </u>	<i>2</i> 1.
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100%	o Coto	zeks .		
100 10 0	7			
				
				<u> </u>

The date of each amendment(s) adoption: 6/17/2017 , if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated8/17/2017
Signature
(By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Francisco lupio
(Typed or printed name of person signing)
Mosident / Director
(Title of person signing)