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SEPRETARY OF STATE
SEPRETARY OF FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor			•			
CHID II	ECT:	SWING TYM	E ENTERTAINMENT	r			
SUBJI	EC1:		ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			RONDA FOSTER				
			Name of Person				
SWING			TYME ENTERTAINME	ENT			
			Firm/Company				
		700 16TH AVENUE SOUTH					
			Address				
		ST PETI	ERSBURG, FLORIDA 3	3701			
	City/State and Zip Code						
		bloc E-mail address: (kteamusa@yahoo.com to be used for future annual report	notification)			
For fur	ther information c	concerning this matter, please of	eall:				
	RON	NDA FOSTER	at (_727)	906-2017			
Name of Person		Area Code & Da	sytime Telephone Number				
Enclos	ed is a check for the	he following amount:					
\$25	5.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/CO Registration S Division of Co				
P.O. Box 6327		Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAY 10 PM 3: 00

SWING TYME ENTERTAINMENT LLC ALLAHASSEE, FLORIDA
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this	Limited Liability Compan	y were filed on	01/29/2008	and assigned
Florida document numberL	08000010289			
	_			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company is SWING TYME ENTERPRISE'S I SWING TYME ENTERPRISE'S IT The new name must be distinguishable and end with the words "Limited Liability Consultation" (L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	bility company here	: Comes Pura	1 S č	
	SWING TYME EN	TERPRISE'S LLC	Comm	
The new name must be distinguishable "L.L.C."	and end with the words "Lin	nited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices addres	s, if applicable:			
(Principal office address MUST BE	A STREET ADDRESS)		<u>, , , , , , , , , , , , , , , , , , , </u>	
Enter new mailing address, if appl	licable:	POST OFFICE	BOX 13547	
(Mailing address MAY BE A POST	OFFICE BOX)	ST PETERSBI	URG, FLORIDA	33733
R If amending the registered s	gent and/or registered o	office address on ou	er records, enter t	he name of the new
•	-			
Name of New Registered A	Agent:			
New Registered Office Ad	dress:			
		Enter Florida street address		
			, Florida	
		City		Zip Code

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	RONALD L. GARY	SR. P.O. BOX 13547 St Petersburg, Florida 337	
MGRM	NIROBIEY A. JAFR	878 48TH AVENUE SOUT ST PETERSBURG, FLOR	H
MGRM	TERRY L. DULANE	Y 120 N HILLTOP DRIVE TITUSVILLE, FLORIDA 32	Add 2796 Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets,	if necessary.)
			FILED 10 MAY 10 PM SECRETARY OF IAULAHASSEE!
 Dated	MAY 06		PM 3: 00 OF STATE E, FLORIDA
	Signatur	of a member or authorized representative of a member RONDA R. FOSTER	per
		Typed or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00