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10 OCT 25 PM 12: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
OCT 2 6 2010
EXAMINER

COVER LETTER

Divisio	on of Corporations						
SUBJECT:	Nothin	But	Hits	Entertainment,	LLC		
Name of Limited Liability Company							
The enclosed A	rticles of Amendment	and fee(s) are so	ubmitted for	r filing.			
Please return all	l correspondence conc	erning this matte	er to the fol	lowing:			
		Sean	W.	Dee ry ne of Person			
			Nan	me of Person			
			Fìn	m/Company	7	SEC SEC	
	102	INW	105+1	Address	֟ ֖֖֖֓֞֞֞֞֟	A A A	
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	n	othingb	City/Sta Uthit (to be used	33322 te and Zip Code Sent Q qmail. (for future annual corport notificat	om §	FILED OCT 25 - PM 12: 10 RETARY OF STATE AHASSEE FLORINA	
For further info	rmation concerning th			J	,		
	_			t (454) 448-005 Area Code & Daytime To	9 elephone Number		
Enclosed is a cl	heck for the following	amount:					
∑ ,\$25.00 Filin	ng Fee \$30.00 Cert	Filing Fee & ificate of Status	– c	6.00 Filing Fee & ertified Copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

'Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nothin But Hits E	ntertains	nent	,LL	C		:	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now ap Liability Compa	pears on ny)	our rec	ords.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	Augus	† 14 ₀	2008	and as	signed ;	
This amendment is submitted to amend the following:						·	
A. If amending name, enter the new name of the limited liab Nothing But Hits Entertain	ment, L	LC					
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Co	mpany,"	the desig	gnation "LLC'	or the	abbreviation	
Enter new principal offices address, if applicable:	Same	a5	61	后置	<u>용</u>		
(Principal office address MUST BE A STREET ADDRESS)				ART O	25		
Enter new mailing address, if applicable:	Same	as	01	f18	FH 12: 10		
(Mailing address MAY BE A POST OFFICE BOX)		 -					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:				, enter the	name (of the new	
							
New Registered Office Address:	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 Changing Registered Agent, Signature of New Registered Agent

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 Title <u>Name</u> Address **Type of Action** Same as on file ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 05 2010

Typed or printed name of signee

Page 2 of 2

Sean

Filing Fee: \$25.00

Signature of a member or authorized representative of a member