

LO9000042510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

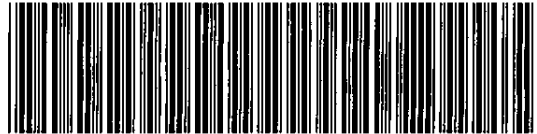
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600170918146

03/04/10--01027--005 \*\*25.00

**FILED**  
10 MAR -4 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

MAR 05 2010

**EXAMINER**

**COVER LETTER**

**TO:** ,Registration Section  
- Division of Corporations

**SUBJECT:** Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY C. Becka

Name of Person

VIP Productions LLC

Firm/Company

2304 Beachcomber Trail

Address

Atlantic Beach, FL 32233

City/State and Zip Code

gary@vipproductionsjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY Becka

Name of Person

at (904) 910 3383

Area Code & Daytime Telephone Number

Enclosed is a check for the 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  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR -4 AM ID: 40  
FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Village Idiots Productions LLC

(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 Company were filed on 5/01/2009 and assigned  
Florida document number LO9000042510

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VIP Productions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2304 Beachcomber Trail  
Atlantic Beach, Florida 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

as above

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Gary Charles Becka

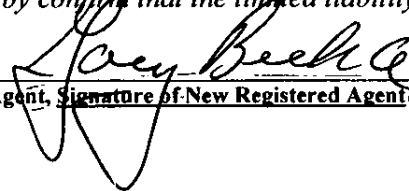
New Registered Office Address:  
2304 Beachcomber Trail  
Atlantic Beach FL 32233 City

Enter Florida street address  
Florida

FILED  
10 MAR -4 AM 10:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

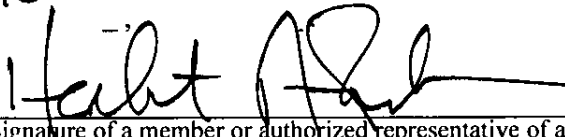
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARY Becka	2304 Beachcomber Trail Atlantic Beach FL 32233	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Herbert A Burke	3202 Ocean Drive S. Jacksonville Beach FL 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael J Shackelford	3828 Danforth Dr. W. Jacksonville FL 32224	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 1 2010

  
Signature of a member or authorized representative of a member

FILED  
10 MAR -4 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Typed or printed name of signee