

L1000019972

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMPERIAL PRODUCTIONS, ENTERTAINMENT LLC.**

Certificate of Status	0
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Page Count	03
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D. BRUCE

AUG 22 2011

EXAMINER

RECEIVED
11 AUG 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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IMPERIAL PRODUCTIONS, ENTERTAINMENT 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 02/22/2010 and assigned
Florida document number L10000019972

This amendment is submitted to amend the following:

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

J & B COMPLETE TREE SERVICE/HOME IMPROVEMENT/IMPERIAL PRODUCTIONS, ENTERTAINMENT 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)

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

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City), Florida (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:

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MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	LUCSON PETITFRERE	1970 GREYSTONE TRAIL ORLANDO FL 32818	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated AUGUST 11, 2011

David Jonathas

Signature of a member or authorized representative of a member

DAVID JONATHAS

Typed or printed name of signee