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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 9 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	Infamous	Entertainment LLC	ı	
,	Name of Lin	nited Liability Company		
	,	•	•	
The enclosed A	rticles of Amendment and fee(s) are su	ubmitted for filing.	·	•
Please return al	l correspondence concerning this matte	er to the following:		
•			, I	•
		Wilfredo Pagan III	F	
	 	Name of Person		
	Infa	ımous Entertainment L	LC	
		Firm/Company		
> "		530 S Federal Hwy		
	·	Address	•	
¥		Lake Worth, FI 33460	· !	
		City/State and Zip Code		
'	M	rPagan420@gmail.co	m	
• è	E-mail address:	(to be used for future annual rep	ort notification)	
For further info	rmation concerning this matter, please	call:		
	Wilfredo Pagan III	at (561)	368-0050	
	Name of Person		& Daytime Telephone Number	
		. *		•
Enclosed is a cl	neck for the following amount:			,
\$25.00 Filin	g Fee \$\bigcup\\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing I Certificate of enclosed) Certified Cop (additional co	f Status &
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The state of the s				

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.

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

				=	2 1
Infamous	Entertainment	I ^t I C		30	으로-
(Name of the Limited Liability (Company as it now a	ppears on	our records.)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	OP:
(<u>Name of the Limited Liability (</u> (A Florida Li	mited Liability Comp	any)	,	-13	80
		1		3	, PC
The Articles of Organization for this Limited Liability Co	mpany were filed or	ı(06/28/2010	and assign	ied =
Florida document number L10000068731		t.	1	<u>න</u> ු	
Florida document humber	- '		1	WILL	. Z
			,		U,
This amendment is submitted to amend the following:					
		ч.		•	
A. If amending name, enter the new name of the limit	ed liability compan	<u>v here</u> :			
•	•	i			
			1	W. T. COD	
The new name must be distinguishable and end with the word 'L.L.C."	s "Limited Liability C	ompany,"	the designation	"LLC" or the abb	reviatioi
L.L.C.					
Enter new principal offices address, if applicable:	,				
Principal office address MUST BE A STREET ADDRE					
Frincipus Office unuress MOST BE A STREET ADDRE	<u></u>			 	
•					
		1			
Fatou nove malling address if smalleshles	•				
Enter new mailing address, if applicable:			•		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 .				
				•	
B. If amending the registered agent and/or registe	und office address		waaawda * amtau	the name of	tha nas
o. If amending the registered agent and/or registe		on our	recorus, <u>enter</u>	the name of	ine nev
registered agent and/or the new registered office address	sa nere.	*	· · ·	٠.	
		4 .	! !		•
Name of New Registered Agent:					
	•		:		
New Registered Office Address:		. Y			
	,	Enter l	Florida street ad	ldress	
		4	. 10112.2		
	City	<u>.</u>	, Florida	Zip Code	
	City	å.	•	zip Coae	
New Registered Agent's Signature, if changing Registered	Agent:		1 .		

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>	Name		Address	Type of Action
MGRM	Daniel Meel	ler	2942 Fontana Pl Royal Palm Beach, Fl 33411	Add ☑ Remove
				Add Remove
				Add Remove
<u>.</u>				Add Remove
 .	<u> </u>			Add Remove
·····				Add Remove
D. If amendi	ng any other info	ormation, enter change((s) here: (Attach additional sheets, if necessary.)	SECRETARY OF S. SECRETARY OF S. DIVISION OF CORPOR
	July 9th	, 1 201	0	PH 1:57
· -		•	r authorized representative of a member	
-	*	Typed or	r printed name of signee .	

Page 2 of 2

Filing Fee: \$25.00