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	(Requestor's Name)
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PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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APR - 2 2012 EXAMINER



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COVER LETTER

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TO: Registration So Division of Con	
•	SOCIATED ARTIST MAMAGEMENT LIC Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
,	WARREN DESJARDINS Name of Person ASSOCIATED ARTIST MANAGEMENT Firm/Company 4329 SKYLINE Blub. Address
	CAPE CONNE of 1-33914 City/State and Zip Code 4329 Sky LINE Blud CAPE GRA! Fl. 33914 E-mail address: (to be used for future annual report notification)
,	Area Code & Daytime Telephone Number
Enclosed is a check for the	he following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSOCIMED PATIST	MANAGEMENT
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	were filed on $9 - 26 - 2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Associated Artist Management The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguishable and end with the words "Limited The new name must be distinguished The	ot L.L.C.
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4329 SKYLINE Blus
(Principal office address MUST BE A STREET ADDRESS)	·
	CAPE CORA L. Fl. 33919
Enter new mailing address, if applicable:	元 名 元
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic	e address on our records enter the name of the ner
registered agent and/or the new registered office address here:	S S
Name of New Registered Agent:	
New Registered Office Address: 4329	SKY LINE Blut - Enter Florida street address
	adject 4 soleme list oce mount out

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.

CAPE CORAL Florida 33914
City Zip Code

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

<u>l'itle</u>	<u>Name</u>	Address	Type of Acti
<u>GRM</u>	William J	CAPE CORAL,	15 PL Add Remove
GRM	WARREN E	DESCURPTION SE 3026 CAPE CORAL, F CAPE CORAL CAPE CORAL	NE Blud Add Remove
		CAPE COPAC	33944
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). If amend	ling any other informa	tion, enter change(s) here: (Attach additional sheets	Remove
	any one morning	ion, cutor change(s) note: (mass attains at smooth	
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Accordance to			
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Dated $\underline{3}$		// / /	
)ated <u>3</u>		Muly Market of a member or authorized representative of a mem	ber