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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AKERMAN LLP - ORLANDO

Account Number : 076656002425 : (407)423-4000 : (407)843-6610 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOTALLY MOD EVENTS, LLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Totally Mod Events, LLC		
(<u>Name of the Limited L</u> (X I	Jability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabil Florida document number 1.12000085007		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Satellite Holdings, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e;	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record e address here:	ds, <u>enter the name of the</u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our record e address here:	ds, <u>enter the name of the</u>
registered agent and/or the new registered office	registered office address on our record e address here:	·
registered agent and/or the new registered office	e address here: Enter Florida street addr	

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 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	rlanager Nuthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	date of filing:	(optional)	
active data if other than the	be specific and cannot be prior to date of filing.	or more than 90 days after filing.) P	tursuant to 605.0
effective date is listed, the date must	ck does not meet the applicable statutory i	nting requirements, this date wi	ili not de listec
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