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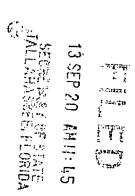
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

CED IECT

J3ntertainment,LLC

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:

## Jacques Abraham

Name of Person

Firm/Company

18700 NW 27 Avenue # 305

Address

Miami Gardens, FL 33056

City/State and Zip Code

jacquesbrhm@yahoo.com

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

For further information concerning this matter, please call:

## Jacques Abraham

at (

786 419-6284

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J3ntertainment, LLC					
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 3/	19/2013	and assigned	
Florida document number L13000044948	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :		
5ive Star Entertainment & Services, L					
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Comp	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		18700 NW 27th Avenue # 305			
(Principal office address MUST BE A STREET ADDRESS		Miami Garde	ens, FL 33056 👸 🧓	<del></del>	
				Sign with the second se	
			77		
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	N N	
(Mailing address MAY BE A POST OFFICE BOX)			, de	ing The Author	
		_		TE I E	
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered of ffice address her	ffice address on e:	our records, enter th	e name of the new	
Name of New Registered Agent:	Jacques Al	braham			
New Registered Office Address:	18700 NW	27th Avenue #	<del>‡</del> 305		
A TOTAL COLLEGE COLLEG	Enter Florida street address				
	Miami Gard	dens	, Florida <u>330</u>	)56	
		City		Zip Code	
Name Designational Amenda Signature of changing	Damistanad Agants	•			

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jamal Gabriel	7435 NW 44th Street	Add
		Lauderhill, FL 33319	Remove
			_
MGRM	Johnny Abraham	18700 NW 27th Ave #305	5 Add
		Miami Gardens, FL 33056	Remove
			_ '
MGRM	Sarah Elysée	18700 NW 27th Ave # 30	5 ✓ Add
		Miami Gardens, FL 33056	Remove
		TALL	် ဆို ညြ Addမှာမှ
		70.1 7-77 70.7 90.13	Remove
<del></del>		A	Add
			Remove
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			Remove

D. If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
:	
•	
Dated	September $17 \qquad 2013 \qquad 0$
	Signature of a member or authorized representative of a member
	Modifica Abodinan
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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