

L13000066182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

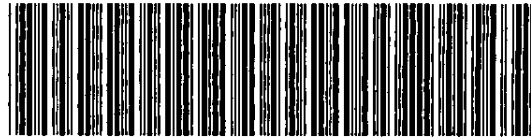
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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06/19/13--01009--016 **25.00

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STATE TREASURY OF STATE
TALLAHASSEE FLORIDA

FILED

J. SAULSBERRY
EXAMINER
JUN 20 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amplified Entertainment Group, 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:

Torrey Jones
Name of Person

Amplified Entertainment Group, LLC
Firm/Company

600 Via Lugano Circle, Apt. 208
Address

Boynton Beach, FL 33436
City/State and Zip Code

ttjones3200@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Torrey Jones at (561) 512-0185
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

5th FLOOR OF STATE
 TALLAHASSEE, FL 32303
 2013 JUN 19 AM 8:10
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Amplified Entertainment Group, 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 05/06/2013 and assigned Florida document number L13000066182.

This amendment is submitted to amend the following:

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

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)

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CLERK OF STATE
TALLAHASSEE FLORIDA

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:

Torrey Jones

New Registered Office Address:

600 Via Lugano Cir, Apt. 208
Enter Florida street address

Boynton Beach, Florida 33436
City 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.

Torrey Jones

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:

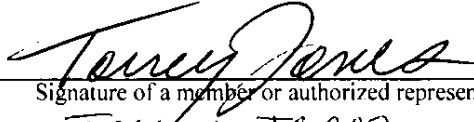
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Torrey Jones	600 Via Lugano Circle, Apt. 208	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2011 JUN 9 AM 8:10
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 ALL ADMINISTRATIVE
 SERVICES

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

Dated 6/13, 2013



Signature of a member or authorized representative of a member

TORREY JONES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA