

M 09000001334

Florida Department of State

Division of Corporations

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To:

Division of Corporations
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RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5368

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2/23

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED
11 FEB 28 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BREEN ARTISTS AGENCY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



February 24, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: BREEN ARTISTS AGENCY, LLC
REF: M09000001334

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Naysa Culligan
Regulatory Specialist II

FAX Aud. #: H11000048748
Letter Number: 511A00004631

RECEIVED
11 FEB 28 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Breen Artists Agency, LLC
2. Jurisdiction of its organization: Tennessee
3. Date authorized to do business in Florida: 04/07/2011

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? September 2, 2010
5. New name of the limited liability company: 25 Live, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

David Breen
Signature of a member or the authorized representative of a member

David Breen, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 23 AM 9 01



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
992 DAVIDSON DRIVE
SUITE B
Nashville, TN 37205

February 18, 2011

Control # 591686
Receipt # : 348222
Filing Fee: \$0.00

Effective Date: 09/02/2010

CERTIFICATE OF NAME CHANGE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **BREEN ARTISTS AGENCY, LLC** were filed in this office on the effective date noted above, changing the name to **25 Live, LLC**.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick