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TALLAHASSEE, FLORIFE

D. BRUCE
JUN 8 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ZOE Pound entertainment 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:		
Emmanuel Mazard Name of Person		
Firm/Company		
101 NW 48 St Address	10 JU	
Miami Fl 33127 City/State and Zip Code	1 - Sept.	
E-mail address: (to be used for future annual report notification)	OF STA	
For further information concerning this matter, please call:	TE ACTION	
Emmquel Mazard at (954) - 243 - 1095 Name of Person at (954) - 243 - 1095 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &	d)

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

Zoe Pound entertainment	<u>LLC</u>	our records \	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	our recorus.	
The Articles of Organization for this Limited Liability Compar	ny were filed on 8-13	and assigned	
Florida document number <u>L020000 20556</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		70	
Enter new mailing address, if applicable:		Cry Et	
(Mailing address MAY BE A POST OFFICE BOX)			
		S	
		Sm &	
B. If amending the registered agent and/or registered		ecords, enter the name of the new	
registered agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Emmanuel Mazard	101 NW 4837 HISMI FL 33127	Add Remove
President	Emmanuel Mazeral	101 NW 48 St Hicmi F1 33121	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
<u>\$</u>	hanging from Ma resident	e(s) here: (Attach additional sheets, if necessar	NO STATE OF
Dated <u>5</u>	Emmanuel Mazard	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00