# LU 5000014847

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### **COVER LETTER**

то:	Registration Sect Division of Corpo			
	Entelle	egint Entertair	ment. LLC	
SUBJE	ECT:		ed Liability Company	
		,		
The en	closed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	lence concerning this matter to	o the following:	
			•	
		David Gittlin		
			Name of Person	<del></del>
		Entellegint E	ntertainment, LLC	)
			Firm/Company	
		20191 East C	Country Club Drive	#2509
			Address	
		Miami, Florid	la 33180	
		_	City/State and Zip Code	
		dgjkg@aol.com	·,	
			be used for future annual report notificat	ion)
For fur	ther information con	cerning this matter, please cal	II:	
Da	vid Gittlin		<sub>31</sub> ,305,343-25	17
	Name of F	Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check for the	following amount:		
<b>=</b> \$2:	5.00 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

Entellegint Entertainment, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on February 11, 2005	and assigned
Florida document number L05000014847		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Entelligent Entertainment, LLC		
The new name must be distinguishable and end with the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	<del></del>
B. If amending the registered agent and/or registered offi	ce address on our records, enter	the name of the new
registered agent and/or the new registered office address here:		
	Ę	Ara -
Name of New Registered Agent:		
New Registered Office Address:		AFF PR
New Registered Office Address.	Enter Florida street address	9 0 Page
	, Florida	The second
	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		RIGHT ST
		A

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

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

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			□ Remove
	<del></del>		□ Add
			Remove
	<del></del>		Add
			Remove
			Add
			Remove ALLS
			ASSET DANGER OF THE PROPERTY O
			□ Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠,	
(THE	ective date, if other than the date of filing: May, 1 2014 effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
	ed April 26 2014
Date	ed · · · · · · · · · · · · · · · · · · ·
	Dand Hitters
	Signature of a member or authorized representative of a member
	David Gittlin
	Typed or printed name of signee

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Filing Fee: \$25.00

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