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SECRETARY OF STATE
TALLAHASSEE, FLORID.

D. BRUCE

D. BRUCE

EXAMINER

EXAMINER

COVER LETTER

TO:	Registration Sector Division of Corp.						
SUBJE	CT: MIC	CHAEL ROY ENT	ERTAINMENT GRO	UP, LLC			
oc Bor			mited Liability Company				
The en	closed Articles of A	mendment and fee(s) are so	ubmitted for filing.				
Please	return all correspond	dence concerning this matte	er to the following:				
			CHRISTOPHER J. EMA				
			Name of Person				
MACLEAN AND EMA							
Firm/Company							
2600 NE 14 STREET							
Address Ec: →							
	POMPANO BEACH, FL 33062						ar v
	City/State and Zip Code						* } **** ****
		Chris E-mail address:	sema@maclean-ema.cor (to be used for future annual report	n notification)	-ře,	- T	
For further information concerning this matter, please call:						25. 25. 25.	
	Christo	opher J. Ema	at (_954_)	785-1900	DA.	.60	
	Name of I	Person		ytime Telephone Nur	mber	_	
Enclose	ed is a check for the	following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certi osed) Certi	Filing For ficate of Sified Copy itional cop	Status & Y	
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations .6327 see, FL 32314	Registration Se Division of Co Clifton Buildir	rporations	S:		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHAEL ROY ENTERT	AINMENT GRO	DUP,LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears of iability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	08/04/05	and assi	gned
Florida document numberL0500076456				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
INTERNATIONAL ENTERTAINM	MENT CONSULT.	ANTS, LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company,	" the designation '	'LLC" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			A.	
			<u> </u>	
			LI	3 g ⊷m.
Enter new mailing address, if applicable:			SEN ω	3
(Mailing address MAY BE A POST OFFICE BOX)			79 至	
			STA 5	
		-		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter	the name of	the new
experience agent and of the new registered office address nere	:*			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	P	Florida street ad	lduana	
	Enter	r ioriaa sireet aa	uress	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

•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 **Title** <u>Name</u> **Address Type of Action** ∏Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ July 11 Signature of a member or authorized representative of a member MICHAEL M. ROY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00