## 100000105742

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(Address)					
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SECRETARY OF STATE DIVISION OF CORPORATION

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T. HAMPTON

MAR 2 4 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations					
SURJE	CT:	J C A En	tertainment, LLC				
SUBJECT: SUBJECT: Name of Limited Liability Company							
		of Amendment and fee(s) are su	_				
Please	return all corres <sub>i</sub>	oondence concerning this matte	r to the following:				
			Irene Feinberg				
			Name of Person				
		J(	C A Entertainment, LLC- Firm/Company	<del></del>			
			4081 NW 115 Ave				
		C	oral Springs, FL 33065				
			City/State and Zip Code				
		jcaen E-mail address: (	tertainment@hotmail.com to be used for future annual report notific	cation)			
For furt	her information	concerning this matter, please of	call:	•			
	ire	ene Feinberg	at (_954 )7	796-3460			
Name of Person		of Person	Area Code & Daytime	Telephone Number			
Enclose	d is a check for	the following amount:					
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle			



RECEIVED

10 MAR 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2010

IRENE FEINBERG 4081 NW 115 AVE CORAL SPRINGS, FL 33065

SUBJECT: J C A ENTERTAINMENT, LLC

Ref. Number: L06000105742

We have received your document for J C A ENTERTAINMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 410A00006515

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCA (Name of the Limited Liabili (A Florida	Entertainment, LLC ity Company as it now appear a Limited Liability Company)	s on our records.)	<del></del>		
The Articles of Organization for this Limited Liability Florida document number L06000105742	Company were filed on	10/30/06	_ and assign	ed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here	2:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLC	C" or the abbro	eviation	
Enter new principal offices address, if applicable:			<b>5</b>	VISI VISI VISI VISI VISI VISI VISI VISI	
(Principal office address MUST BE A STREET ADD	ORESS)			至於	
			23	712	
Enter new mailing address, if applicable:			3	OF S.	
(Mailing address MAY BE A POST OFFICE BOX)			N 67	ATE ATE	
				35	
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:		ur records, <u>enter the</u>	name of th	ie new	
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, 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>	Name	Address	Type of Action				
MGRM	Faith Davis	4081 NW 115 Ave Coral Springs, FL 33065	Add Remove				
MGRM_	Cheryl Feinez	4081 NW 115 Ave Coral Springs, FL 33065	_				
			Add Remove 				
			Add Remove				
<del></del>			Add Remove				
***************************************			Add Remove				
D. If amendin	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	SECRETARISTOR DIVISION OF COR				
			OF STATE RPORATIONS:				
Dated	March 1, 2010  Line Ferw bare G Fa  Typed or pri	ith Davis inted name of signee	<i>ÿ</i> i				

Page 2 of 2

Filing Fee: \$25.00