406000111927

	(Requestor's Name)			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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FILED 08 JUN 26 AM 9: 30 SECRETARY OF STATE (ALLAHASSEE, FLORIDA

T. HAMPTON
JUN 2 7 2008

EXAMINER

COVER LETTER

TO: Registration Division of C		•	•
SUBJECT:	320 <u>F</u> (Name of Lim	ited Liability Company)	LC
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the following:	
	Ence	(Name of Person)	
	<u>. · </u>	(Firm/Company)	
	4811 NW	IST Street (Address)	
	Plantat	City/State and Zip Code)	17
For further information	n concerning this matter, please o		
Eneso (Nam	Laurent ne of Person)	at (<u>454) 673 - 6</u> (Area Code & Daytime	6 02/(954) 543-281D Telephone Number)
Enclosed is a check for	r the following amount:		
\$25.00 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)
	H INC ADDRESS.	CTDFET/COUDIE	A ADDRESS.

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



RECEIVED

OB JUN 26 PM 12: 14

SECRETARIO OF STATE TALLAHASSEE FLORIDA

April 21, 2008

ENESCO LAURENT 4811 NW 1ST ST PLANTATION, FL 33317

SUBJECT: 320 ENTERTAINMENT, LLC

Ref. Number: L06000111927

We have received your document for 320 ENTERTAINMENT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00023757

2 6 11 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ed Liability Company as it now appears on our records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Entertainment LLC Fulltime The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address)

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, thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

MGR = Manager

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>:

MGRM = Managing Member **Type of Action Title Address** Name MGR Add Remove Add Remove Add Remove \Box Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00