## 100000121551

<b>'</b>	
(	Requestor's Name)
	Address)
V	radiossy
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
L. SE	LLERS
	-2 2008 ·
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2008 MAY 30 PM 3: 02
SECRETARY OF STATE

TILED

## **COVER LETTER**

TO:	Registration S Division of Co			* 
SUBJI	ест:	DE ENTERTATIONENT (Name of Limi	ited Liability Company)	
		Amendment and fee(s) are subondence concerning this matter	-	
ricasc		ondence concerning this matter	to the following.	
		PETER EV	ANOVICH (Name of Person)	
			(right of reson)	
JSE ENTE			(Firm/Company)	
PO BOX 2829 (Address)				<del>v</del>
		NAPLES	City/State and Zip Code)	······
For fu		concerning this matter, please ca	all:	
		NANOVICH	at (239) 331 3902	
		of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check for	the following amount:		
\$25	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)
	MAII	ING ADDRESS:	STREET/COURIER	ADDRESS:
Registration Section		tration Section	Registration Section Division of Corporation	
	P.O. F	on of Corporations Box 6327	Clifton Building	
	Tallal	assee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

Complete the second of the

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF 2008 MAY 30 PM 3: 02

(Name of the Limited Liah	TANMENT UC  pility Company as it now appears ida Limited Liability Company)	TALLAHASSEE, FLORIDA  on our records.
The Articles of Organization for this Limited Liabili		
Florida document number		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	:
The new name must be distinguishable and end with the		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	: <u>A\N</u>	
(Principal office address MUST BE A STREET A)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		or records, enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	(Ent	er Florida street address)
<u> </u>		, 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 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:

	Manager = Managing M	ember		
<u>Title</u>	<u>Name</u>		Address	Type of Action
		Δ		Add Remove
				Domesto
				Add Remove
				Add Remove
	<del></del>			Add Remove
	- <del></del>			Add Remove
D. If am	ending any oth	er information, enter chang	e(s) here: (Attach additional sheets, if ne	cessary.)
	NIA		- Al - 15 - 17 - 17 - 17 - 17 - 17 - 17 - 17	
Dated	YAM PI		<b>28</b>	Z008 HAY SECRETA
	· · · · · · · · · · · · · · · · · · ·	Signature of a member	r or authorized representative of a member	3 T
	<del> </del>	PETER EVANO	OTCH or printed name of signee	PH 3: 02  OF STATE E. FLORID
		,,,,,	Page 2 of 2	3: 02 TATE ORID

Filing Fee: \$25.00