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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. THOMAS

AUG - 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	Starz Enter (Name of Limit	Prises, LC ted Liability Company)		
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
-	Sar	(Name of Person)	,	
	Star	2 Enterprises, U		
	239 n	forth Tyndall Park	Kway_	BANG.
;	Panama	City FL 32404 (City/State and Zip Code)		新春·安 王
		(Only, outlier and Exp Good)		PLOSES SE
For further information cond	erning this matter, please ca	dl;		D.M.
Sarabi (Name of P	a Tiller erson)	at (<u>869</u> <u>2/5 - 050</u> (Area Code & Daytime To	Elephone Number)	
Enclosed is a check for the f	ollowing 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 Star Certified Copy (additional copy)	

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**

Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on o	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{\partial \partial \hat{\partial}}{\partial x}$	and assigned		
This amendment is submitted to amend the following:		0		
A. If amending name, enter the new name of the limited liab	ility company here:	SECONO SE	4/2	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," th		,	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Starz Ki 239 North T Panama Ci	Herprises, UC 30 Yndall farkwy 35 47, FL 304040	è	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Starzei 239 Nort Parama	Herprises, UC h Tyndall Parkary , C'fy, FZ 32404		
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:	MA			
New Registered Office Address:	(Enter Fl	orida street address)		
	(City)	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	((sep cone)		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Gereland Leng	Hy Fairland freque	Add Remove			
MGRM	Cor Stall worth	1 Hog Lake Svan Circle	Add Remove			
<u>MG/I</u> M	Berbara Long	HII Fairland Avenue	Add 88			
			ATTACH OF STATE			
			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_			
	239	NORTH TYNDOOL Parkary	<u>/</u>			
	fan	ama Cify 1 F2 324640				
	2 1 2					
Dated	August	108 J				
	Signature of a member	or authorized representative of a member				
	Typed o	or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00