

LD7000045253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

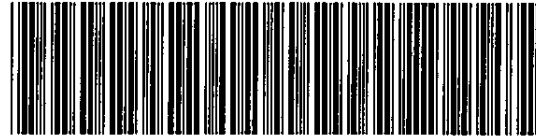
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LS

Office Use Only



700103635087

06/04/07--01009--023 \*\*30.00

FILED  
2007 JUN -4 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Malaryland Entertainment, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Malary

(Name of Person)

(Firm/Company)

501 SE 2nd St, Apt 812

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

James Malary

(Name of Person)

at

954

(Area Code & Daytime Telephone Number)

558-1745

Enclosed is a check for 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)

**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**

Malaryland Entertainment, LLC

(Present Name)  
(A Florida Limited Liability Company)

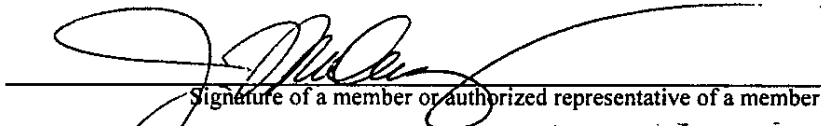
**FIRST:** The Articles of Organization were filed on 4/30/2007 and assigned  
document number L07000045253.

**SECOND:** This amendment is submitted to amend the following:

I would like to add Group to the name of the company. The correct name is

Malaryland Entertainment Group, LLC

Dated May 30, 2007

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

James Malary

\_\_\_\_\_  
Typed or printed name of signee

2007 JUN -4 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00