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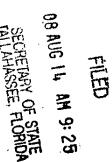
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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M. THOMAS

AUG 18 2008

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJEČT: SHOWM	IAX, LLC			•
	(Name of Limit	ted Liability Company)		
•				
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	COLLIN RIGG, SR.	(Name of Person)		
		(Manie of Ferson)		
	SHOWMAX, LLC			
		(Firm/Company)		
	7816 SW 7TH COURT			
		(Address)		
NORTH LAUDERDALE, FL 33068				000
		(City/State and Zip Code)		
For further information con	ncerning this matter, please ca	ill:		PILED 8 AUG 14 AM 9: 25 SECRESSEE FLORIS
COLLIN RIGG	, ,	at (954) 709-0208		E S
(Name of	Person)	(Area Code & Daytime T	elephone Number)	OHUDA OHUDA
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 F Certificate of Certified Cop (additional co	Status &

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

SHOWMAX, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L07000061950		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	7816 SW 7TH COURT	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	NORTH LAUDERDALE, FL	超 是
	33068	
Enter new mailing address, if applicable:		mg iz
(Mailing address MAY BE A POST OFFICE BOX)		55 N
		gri w
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
registered agent and/or the new registered ornice address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street ad	ldress)
	, 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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR `	FREDRICK H. HERMAN	8113 NW 74 AVE. TAMARAC, FL 33321	Add Remove
			April Remove
			Add Remove A
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary	.)
-			<u> </u>
_	1 11th	0.0%	
Dated	August 11th Colli	Jook Ligg nember or authorized representative of a member 48 Typed or printed name of signee	
	Signature of a m	nember or authorized representative of a member 99 Typed or printed name of signee	•

Page 2 of 2

Filing Fee: \$25.00