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**EXAMINER** 

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Femme	a la Femme Entert	ainment LLC	
•		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Shannon L. LaMont		
		(Name of Person)	
	Femme a la Femme Ent	ertainment LLC	
		(Firm/Company)	
	3751 NW 19th Street		
		(Address)	
	Coconut Creek, FL 3306	6	A C
		(City/State and Zip Code)	TER JUL
For further information c	oncerning this matter, please c	all:	HASS T
			مراب أمامة
Shannon L. LaMont		at ( 954 ) 914-3101	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
			<i>₩</i>
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	2\$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

**MAILING ADDRESS:** 

TO:

**Registration Section** 

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Femme a la Femme Entertainment LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	,
The Articles of Organization for this Limited Liability Comp	pany were filed on 6/12/2007	and assigned
Florida document number L07000061959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
FEM Entertainment LLC		·
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>	AHE JE
Enter new mailing address, if applicable:		SEE FLO
(Mailing address MAY BE A POST OFFICE BOX)		N. O.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	(Enter Florida stree	t address)
	,	,
<del></del>	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mans MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
•	······································		Add Remove
			Add Remove
			Add Remove
		)	TIN =
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary	Kemove
Dated July 1	, 2008		<del></del>
-	Signature of a member	or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
-	Shannon L. LaMont	or printed name of signee	
	1 ypeu	or brunen name or signee	

Page 2 of 2

Filing Fee: \$25.00