

L07000092136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

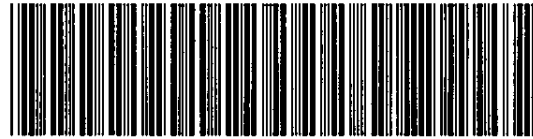
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 13 2014

A. LUNT

Office Use Only



000256033330

02/10/14--01010--008 **25.00

FILED
2014 FEB 10 PM 3 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPOTLITE 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:

ARAMIS HERNANDEZ ESQ

Name of Person

MIAMI LEGAL CENTER LLC

Firm/Company

139 NE 1ST STREET SUITE 600

Address

MIAMI, FL 33132

City/State and Zip Code

INFO@MIAMILEGALCENTER.COM

E-mail address: (to be used for future annual report notification)

2014 FEB 10 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

ARAMIS HERNANDEZ ESQ at **(305) 374 7744**
Name of Person Area Code Daytime Telephone Number

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**

SPOTLITE ENTERTAINMENT, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/10/2007 and assigned Florida document number L07000092136.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2014 FEB 10 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALISON HAZLEWOOD	1100 LEE WAGNER BLVD, STE 312	<input type="checkbox"/> Add
		FT. LAUDERDALE FL 33315	<input checked="" type="checkbox"/> Remove
		1100 LEE WAGNER BLVD, STE 312	
MGR	WAYNE HAZLEWOOD	FT. LAUDERDALE FL 33315	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 FEB 10 PM 3:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/04/14, 2014

Alison G. Hazlewood
Signature of a member or authorized representative of a member

ALISON G. HAZLEWOOD

Typed or printed name of signee

2014 FEB 10 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED