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ECKETARY OF STATE

10 MAR 29 PM 3: 5

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: ELUSION PRO	DUCTIONS, LCC			
DOCUMENT NUMBER: L0780009	3888			
The enclosed Articles of Amendment and fee are submitted for	r filing.			
Please return all correspondence concerning this matter to the f	following:			
Robert TAORMIA Name of Contact Pe	U'A			
ELUSION PROPUCTIONS Firm/Company	sille			
7380 SAND LAKE ROAD SUITE 500 Address				
ORLANDO Fl. 328/9 City/ State and Zip Code				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, please call:				
Robert TA-ORMINA at (40 Name of Contact Person Area	7 267-7554 Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to	the Florida Department of State:			
\$35 Filing Fee \$3.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified (Additional)				
P.O. Box 6327 Clifton But	nt Section f Corporations			

Tallahassee, FL 32301



March 22, 2010

ROBERT TAORMINA 7380 SAND LAKE ROAD SUITE 500 ORLANDO, FL 32819

SUBJECT: ELUSION PRODUCTIONS, LLC

Ref. Number: L07000093888

We have received your document for ELUSION PRODUCTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 610A00006935

Neysa Culligan Regulatory Specialist II

Division of Compactions D.O. DOV 6207 Tallaharras Elavida 20014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAR 29 PM 3: 59

SECRETARY OF STATE			0. 09
The Articles of Organization for this Limited Liability Company were filed on	ELUSION PRODUCT	DON'S, CLC TALLAHA	ARY OF STATE
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Compa	any as it now appears on our records.)	SOCE, FLORIDA
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 abbrevi "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Pagistered Office Address: 73 F() (Ann. 1 AUS.) For a further for a furthe	(A Florida Limited)	Liability Company)	
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New Province Address: 7380 CAM 1 A/K 8' Rd. Cutt 500	registered agent and/or the new registered office address her	<u>·e</u> :	
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New Registered Office Address: 7380 SAM LAKE' Rd. Suite 500 Enter Florida street address 64 Landy, Florida 328/27 City Zin Code	Name of New Registered Agent:		_
New Registered Office Address: Florida 328 3 3 3 3 3 3 3 3 3	726	in some lake let	at (20)
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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 = M MGRM =	∕lanager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
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D. If ame	nding any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
- -			FILED 10 MAR 29 PM SECRETARY OF STALLAHASSEE, F
Dated	3-26-10 10	2010 Ceri	3: 59 STATE LORIDA
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Filing Fee: \$25.00