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EXAMINER

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TO:

TO:		stration S sion of Co	ection rporations		
SUBJEC	ст: [[]	NYCE E	NTERTAINMENT, LLC	;	
	~ • · ·		(Name of Lin	nited Liability Company)	
The enc	losed .	Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please re	eturn a	all corresp	ondence concerning this matter	r to the following:	
			K	risty E. Armada, Esq.	
(Name of Person)					
			Oli	ve & Associates, P.A. (Firm/Company)	
				(Time company)	
			2438	B East Las Olas Boulevard (Address)	
				(Audicess)	
			Fort	Lauderdale, Florida 33301	
				(City/State and Zip Code)	
For furth	her inf	formation	concerning this matter, please of	call:	
	Kris	sty E. Ai	mada, Esq.	at (954) 334-2250	
		(Name	of Person)	(Area Code & Daytime	Felephone Number)
Enclosed	d is a	check for	the following amount:		
\$ 25.0	00 Fili	ing 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			STREET/COURIER Registration Section	R ADDRESS:
		Divisi P.O. E	on of Corporations Box 6327 assee, FL 32314	Division of Corporation Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NYCE E	NTERTAINMENT, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	09/26/2007	and assigned
Florida document numberL0700098246	·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company ho	ere:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(1	Enter Florida street add	tress)
	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	and complete performanc l agent as provided for in (ered office address, I herei ge.	re of my duties, and I a Chapter 608, F.S. Or, by confirm that the lin	im familiar with and if this document is nited liability
	(If Changing Registered A	Agent, Signature of New Re	

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 = Manager MGRM = Managing Member							
<u>Title</u>	<u>Name</u> ·	Address	Type of Action				
MGRS_	SHANE SANTACROCE	109 SW 2nd Ave. Fort Lauderdale, FL 33301	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendin	g any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_ _				
	,	SECRETALL ALL ALL ALL ALL ALL ALL ALL ALL ALL	2008 HAY -5				
Dated	May 2 Signature of a m	2008 ALCRETARY OF STATE Denignment or authorized representative of a member Benjamin E. Olive, Esq.	Y-5 AM 9: 39				
-		Typed or printed name of signee	<u> </u>				

Page 2 of 2

Filing Fee: \$25.00