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A. LUNT

FEB - 6 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations							
SUBJECT: THE KING'S MEMORY LANE PRODUCTIONS, 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:							
VANESSA TELLEZ (Name of Person)							
VANESSA TELLEZ (Name of Person) THE KING'S MEMORY LANE PRODUCTIONS, LLC (Firm/Company)							
P.o. Box 3003 ACC ACC ACC ACC ACC ACC ACC ACC ACC AC							
HALLANDALE, FL 33008 (City/State and Zip Code) (City/State and Zip Code)							
For further information concerning this matter, please call:							
Name of Person) at (780) 351-4035 (Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount: [1] \$25.00 Filing Fee							
(additional copy is enclosed) Certified Copy (additional copy is enclosed)							
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section							

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KING'S MEMORY	Y LANE PRODUCTIONS, LL ability Company as it now appears on our recor	<u></u>		
	orida Limited Liability Company)	<u>us.</u>)		
The Articles of Organization for this Limited Liabi	ility Company were filed on $1-28-08$	<u> </u>	and assign	ed
Florida document number <u>LO8 DCOCO</u> 95	<u>591</u> .			
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of th	e limited liability company here:	4		
		Þ∽	~	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the design	ation ARE TAP	C'ar the abbr	eviation
B. If amending the registered agent and/or	registered office address on our records.	enter th	e name of	he new
registered agent and/or the new registered office		77 77		1
		01 TS		J
		RAT	w	,
N. CN B. L. IA		A	Ω,	
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 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 = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	ARIEL SHEPS	414 SE 4 AVENUE, APT. 7 HALLANDALE, FL. 33009	Add Remove		
MGRM	GRILLE SHERVE	414 SE 4 AVENUE, APT-7 HALL ANDALE, FL 33009	Add Kemove		
4			Add Remove		
			Add Remove		
		SECRETARY OF ST	Add Remove		
D. If am	ending any other information, enter change	(s) here: (Attach additional sheets, if necessary)	3 3		
	PLEASE CHANGE DAN		-		
	MANAGER TO MANE	HOING MEMBER.			
•	SHOULD READ AS: DI	ANIEL SHEPS, MANAGING P	MEMBER		
	414	SE 4 AVENUE, APT. 7	_		
	HAL	LANDALE, FL 35009			
Dated	Signature of a member of	8 Or authorized representative of a member	·		
	VANESSA TELLEZ Typed of	r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00