L08000034512

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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN
MAR 1 0 2009
EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT:	FearLess	Concepts	
	(Name of Limi	ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
		David Fife	
		(Name of Person)	
	Unified	Entertainment Group	
	09 MAR -9 PH 2: 54 SECRETARY OF STATE TALLAHASSEE, FLORID		
	044	523 BACCARAT LN UNIT 204	ECH * T
	一一 岩		
		(Address)	SSE
	ESTERO FL,33928		F. P.
		(City/State and Zip Code)	2: 5 FLO
For further information of	concerning this matter, please ca	Di:	RIDA
David Fife		at (239) 537-8509	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

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

			超生机
FearLess Concept			10000000000000000000000000000000000000
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	ALL DHASSE and assigned
		ADDII 4 0000	2 Z
The Articles of Organization for this Limited Liability Company	were filed on	APRIL 4, 2008	and assigned
Florida document numberL08000034512			LORIDE TO THE
This amendment is submitted to amend the following:			7
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
Unified Entertainment Group, L	LC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	Unified Entert	ainment Group	
(Principal office address MUST BE A STREET ADDRESS)	21523 BACC	ARAT LN UNIT 204	
	ESTERO FL,	33928	
Enter new mailing address, if applicable:	Unified Enter	tainment Group	
(Mailing address MAY BE A POST OFFICE BOX)	21523 BAC	CARAT LN UNIT 20)4
	ESTERO FL,	33928	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		our records, <u>enter</u>	r the name of the new
New Registered Office Address:	21523 BACCAI	RAT LN UNIT # 204	
new registered Office Address.		Enter Florida street d	address)
E	STERO	, Florida	33928
	(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>	Name	<u>Address</u>	<u>T</u>	ype of A	<u>ction</u>
MGRM	AL LEPREE	1430 RAILHEAD BLVD NAPLES FL, 34110		Add Remove	
MGRM	JOHN WAARA	1430 RAILHEAD BLVD NAPLES FL, 34110	B()		
			?	Add Remove	
MGRM	NAVINTHRAN RAMASAMY	21523 BACCARAT LN UNIT 204 ESTERO FL 33928		Add Remove	
MGR	ALEXANDER GIL	21523 BACCARAT LN UNIT 204 ESTERO FL 33928		Add Remove	
				Add Remove	
	_	change(s) here: (Attach additional sheets, if necessaris Limited Liability Company is organized is:	ツ.)		
	Recording Lable		SECRETAR)	09 MAR -	<u> </u>
Dated	February 27 , 2	2009	RY OF STATE SEE, FLORIDA		ED
		ender of authorized representative of a member David F Fife Typed or printed name of signee		<u> </u>	

Page 2 of 2

Filing Fee: \$25.00