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| (Re | questor's Name) | | | | |
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| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
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SECRETARY OF STATE

D. BRUCE
JAN 1 2 2010
EXAMINER

COVER LETTER

| TO: | Registration Se Division of Co | | | | |
|---|-----------------------------------|--|---|--|-------------------|
| SUBJE | СТ: | | OP IDOL, LLC | | |
| | | Name of Limi | ted Liability Company | | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please r | return all correspo | ondence concerning this matter | to the following: | | |
| VICTORIA M. BEATTY, ESQ. | | | | Q. | |
| | | | Name of Person | | |
| Beatty Law Group, LLC | | | | | |
| Firm/Company | | | | | |
| | 441 Grand Concourse | | | | |
| | | | Address | | |
| Miami Shores, Florida 33138 City/State and Zip Code info@hiphopidoltv.com | | | 38 | 10 17 17 17 17 17 17 17 17 17 17 17 17 17 | |
| | | | City/State and Zip Code | | AAR > → |
| | | | nfo@hiphopidoltv.com (to be used for future annual report notification) | TILE MAN II AM AHASSEE, F | |
| | | E-mail address: (i | to be used for future annual repor | t notification) | SEE C |
| For furt | her information of | concerning this matter, please c | all: | | JAN I I AM 9: I |
| | Vict | oria M. Beatty | at (954) | 496-3219 | IAIE ORID |
| | | of Person | | Paytime Telephone Number | |
| Enclose | ed 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 end | closed) Certified | e of Status & |

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

| HIP | HOP IDOL, LLC | | | |
|--|---|--------------------------------|----------------|-------------|
| (Name of the Limited Liabil (A Florid | ity Company as it now app a Limited Liability Compan | pears on our records.) | | |
| The Articles of Organization for this Limited Liability Florida document numberL08000053422 | Company were filed on _ | November 3, 2008 | and assign | ned |
| Tiorida document number | * | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the li | mited liability company | <u>here</u> : | | |
| | | | | |
| The new name must be distinguishable and end with the w "L.L.C." | vords "Limited Liability Co | mpany," the designation "LL | .C" or the abb | previation |
| Enter new principal offices address, if applicable: | | | <u> </u> | |
| (Principal office address MUST BE A STREET ADI | DRESS) | | ACC S | **** |
| | | | ASA - | ****** |
| | | | Υ Υο | Ш |
| Enter new mailing address, if applicable: | | | 다 유 | () |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u>5≻</u> | |
| | | | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | n our records, <u>enter th</u> | e name of (| the new |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | | Enter Florida street addre | ess. | |
| | , 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 Title **Type of Action** Name **Address** MGR Kenneth McCraney 401 SW 158th Terrace, #204 ☐ Add Pembroke Pines, Florida 33027 ✓ Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 21 2009 Dated_ Signature of a member or authorized representative of a member PATRICK W. GLOVER

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00