## L08000065446

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J. BRYAN
JUL 2 8 2009
EXAMINER

## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT:	Moise F	Productions, LLC			
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
		Name of Person			
	·				
Firm/Company				09, SEC	
8788 SW 8th Street					
		Address		TARY OF STARSSEE, FL	
	Miami, Florida 33174				
	9 JUL 27 PH 3: 07 SECRETARY OF STATE ALLAHASSEE, FLORIC				
	E-mail address:	(to be used for future annual report notifica	ition)	P	
For further information	n concerning this matter, please	call:		•	
Annette Deleon		at (	28-7672		
Nam	e of Person	Area Code & Daytime T	Telephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building '2661 Executive Center Tallahassee, FL 3230	ions er Círcle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 JUL 27 PH 3: 07
SECRETARY OF STATE

## MOISE PRODUCTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Compan	y were filed on	July 7, 2008	and assigned
Florida document number L0800006	55446			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	re:	
	N/	Α		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
			······································	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A			
Nove Projectored Office Address				
New Registered Office Address:		Er	nter Florida street add	dress
			, Florida	
		City		Zin 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	GRM Group Ventu	res LLC	25 SE 2nd Avenue, Suite 1148 Miami, Florida 33131	AddRemove			
<u>MGR</u> .	Guy Rudolph Moise	e	12947 Equestrian Trail Drive Davie, Florida 33330				
				Add Remove			
	<u> </u>	·		Add Remove			
<u>.</u>				Add			
				Add Remove			
D. If amendi	ng any other information	, enter change(s	s) here: (Attach additional sheets, if necessar	77			
	1/07			09 JUL 27 SECRETARY E			
_		. 18 10		FLORID,			
Dated	July 20	, 2009	<u>)                                    </u>				
-	Signature of a member or authorized representative of a member						
•			, Authorized Representative				
-	<u> </u>	Typed or	printed name of signee				

Page 2 of 2

Filing Fee: \$25.00