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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

J. BRYAN

AUG 2 & 2010

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	CIGAM	EVENTS, LLC				
		Name of Limited Liability Company				
The enclosed A	rticles of Amendment and fee(s) are su	bmitted for filing.				
Please return all	correspondence concerning this matte	r to the following:	102 6			
		ED MOSS				
		Name of Person	SER CONTRACTOR			
	. (CIGAM EVENTS, LLC				
		Firm/Company	ONLY O			
		2158 LAKE DRIVE				
		Address				
	WI	WINTER PARK, FL 32789				
	City/State and Zip Code					
	MOSS@MOSSKRUSICK.COM E-mail address: (to be used for future annual report notification)					
For further infor	rmation concerning this matter, please	•	,			
	ED MOSS	407 644	I 5011			
Name of Person		at (407) 644-5811 Area Code & Daytime Telephone Number				
Enclosed is a ch	eck for the following amount:					
\$25.00 Filing	g Fee \$\bigcup\\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER A Registration Section Division of Corporation				
P.O. Box 6327		Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CIGAM E	EVENTS		String 1
(Name of the Limited (A			s on our records.)	O.P. V
The Articles of Organization for this Limited Li Florida document numberL08000083	ability Company			and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	2158 LAKE D	RIVE		
(Principal office address MUST BE A STREE	WINTER PARK, FL 32789			
Enter new mailing address, if applicable:	2158 LAKE DRIVE			
(Mailing address MAY BE A POST OFFICE I	WINTER PARK, FL 32789			
B. If amending the registered agent and/oregistered agent and/or the new registered of			ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	ED MOSS			
New Registered Office Address:	2158 LAKE	DRIVE		
-	Enter Florida street address			
~ WIN		NTER PARK	Florida	32789

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.

City

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 Name Address Type of Action **MGRM** JAMES S LAHAM 8035 SPYGLASS HILL ROAD ☐ Add √ Remove MELBOURNE FL 32940 ED MOSS MGRM 2158 LAKE DRIVE ☑ Add ☐ Remove WINTER PARK, FL 32789 MBR MATT HANNAN 2158 LAKE DRIVE √ Add WINTER PARK, FL 32789 Remove MBR **BEN DEVARY** 2158 LAKE DRIVE ✓ Add WINTER PARK, FL 32789 Remove MBR DAN DEIGHAN √ Add 2158 LAKE DRIVE Remove WINTER PARK, FL 32789 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. JAMES S LAHAM - 0% OWNERSHIP INTEREST EFFECTIVE 7/1/10 ED MOSS - 33% OWNERSHIP INTEREST EFFECTIVE 7/1/10 MATT HANNAN - 25% OWNERSHIP INTEREST EFFECTIVE 7/1/10 BEN DEVARY - 25% OWNERSHIP INTEREST EFFECTIVE 7/1/10 DAN DEIGHAN - 17% OWNERSHIP INTEREST EFFECTIVE 7/1/10 **AUGUST 17** 2010 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

ED MOSS

Page 2 of 2

Filing Fee: \$25.00