L08000085292

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SECRETARY OF STATE

N. Cuiligan AUG 1 9 2011

COVER LETTER

TO: Registration S Division of Co							
SUBJECT:		ertainment, LLC					
	Name of Limit	ted Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	Patrick M Burns						
		Name of Person					
Patrick M Burns, CPA, PA							
		Firm/Company					
		Orlando, FL 32803					
		City/State and Zip Code					
	E-mail address: (t	atrick@pmbcpa.com o be used for future annual report notifica	tion)				
For further information	concerning this matter, please ca						
Patrick M Burns		at (_407_)2	28-4443				
Name	of Person	at (<u>407</u>) <u>2.</u> Area Code & Daytime 1	Felephone Number				
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BDR Entertainment, LLC

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

The Articles of Organization for	r this Limited Liability Compa	ny were filed on	09/08/2008	and assigned		
Florida document number	L08000085292					
This amendment is submitted to	amend the following:					
A. If amending name, enter the	he new name of the limited li	ability company her	<u>re</u> :			
The new name must be distinguish "L.L.C."	nable and end with the words "L	imited Liability Compa	any," the designation "I	LC" or the abbreviation		
Enter new principal offices ad	dress, if applicable:					
(Principal office address MUS'	T BE A STREET ADDRESS					
Enter new mailing address, if	applicable:					
(Mailing address MAY BE A P	OST OFFICE BOX)					
B. If amending the register registered agent and/or the ne	· ·		our records, enter t	he name of the new		
Name of New Register	red 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGR Brian A Humphries 2809 Touraine Avenue ☐ Add Orlando, FL 32803 Remove Remove Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Patrick M Burns

50

Typed or printed name of signee

2011

July 27

Dated _

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Filing Fee: \$25.00