

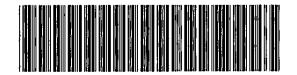
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EXAMINER



000219249640

01/31/12--01016--021 **25.00

12 JAN 31 AM II: 44
SECRETARY OF STATE

COVER LETTER

SUBJECT:	BRANDSTAR E	NTERTAINMENT,	LLC	
***************************************	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Р	ATRICIA KLEIN, ESQ.		
		Name of Person		
	PATRICIA KLEIN, P.A.			
	Firm/Company			
	2001 W	SAMDLE DOAD SUIT	FE 410	
	2001 W. SAMPLE ROAD, SUITE 412 Address			
		1 radios		
	POM	PANO BEACH, FL 330	064	
	City/State and Zip Code			
	patriciak@pkleinlaw.com E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be used for future annual repor	t notification)	
For further information	concerning this matter, please	call:		
Patr	icia Klein, Esq.	954	935-3171	
	of Person	Area Code & D	935-3171 Daytime Telephone Number	
Enclosed is a check for t	the 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:

TO:

Registration Section Division of Corporations

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

BRANDS ⁻	<u> </u>	Γ, LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number L080000928	• • •	09/30/2008	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		TALLAHASSEE, FL	AH THE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	our records, enter the	ne new of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addr	ess
	2		
	City	, Florida	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	GERRY M. CZARNECKI	2001 W. SAMPLE ROAD SUITE 101 POMPANO BEACH, FL 33064	Add
<u>MGRM</u>	MARK ALFIERI	2001 W. SAMPLE ROAD SUITE 101 POMPANO BEACH, FL 33064	✓ Add Remove
			Add Remove
	 		Add Remove
			□Add □Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			-
			_
Dated	Signature of a member of	or authorized representative of a member	
	-	ICIA KLEIN, ESQ.	
-		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00