L08000096247

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SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN
OCT 2 3 2008

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Ron Ro	ose Productions Sou	itheast. LLC	F
		nited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Heather M. Lang, Esq.	·	8 Style
		(Name of Person)	
	Salem Law Group, P.A.		OB OCT 22 AMII: 20
		(Firm/Company)	DATE OF STREET
	101 E. Kennedy Blvd., S	uite 3220	ORFORATIONS ORFORATIONS 2 AHII: 20
	<u></u>	(Address)	0 5
	Tampa, FL 33602		
		(City/State and Zip Code)	
For further information	concerning this matter, please o	call:	
Heather M. Lang, Esc	1.	at (813) 222-3216	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations 30x 6327 tassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ron Rose Productions Southeast, 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 Company were filed on October 10, 2008 and assigned Florida document number L08000096247 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 1101 N. Himes Avenue Tampa, FL 33607 (Principal office address MUST BE A STREET ADDRESS) 1101 N. Himes Avenue Enter new mailing address, if applicable: Tampa, FL 33607 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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)

(Zip Code)

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

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f representative of a member	-
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Filing Fee: \$25.00