# L08000101432

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

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L. SELLERS

JAN 13 2009

**EXAMINER** 

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# **COVER LETTER**

ŢO:	Registration Solvision of Con			
SUBJE	ст: Д	.ivin Easy Enterta. (Name of Limi	inment, LLC	
	•	(Name of Limi	ited Liability Company)	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Jareal	(Name of Person)	
			(Name of Person)	
		Livin' Ea	(Firm/Company)	
			theyenre Tra. 1	
			(Address)	
		Jackson	nuille, FL 32223	
			(City/State and Zip Code)	
For furt	her information of	concerning this matter, please co	all:	
		ELLIO II of Person)	at (_904_)_718 ~ 285 7 (Area Code & Daytime T	'elephone Number)
Enclose	ed is a check for t	he 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)

### **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**

Livin Easy Entertain	ment, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea	rs on our records.)
(A Florida Limited L	natility Company)	
The Articles of Organization for this Limited Liability Company	were filed on	///14/08 and assigned
Florida document number L Ø8ØØØ1 Ø6432		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company he	<u>'e</u> :
Zoentertainment, LLC		
The new name must be distinguishable and end with the words "Limit" "L.L.C."	ed Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	_SAME_	
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
	•	
B. If amending the registered agent and/or registered off	ice address on o	our records, enter the name of the nev
registered agent and/or the new registered office address here	<b>;:</b>	
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
New Registered Office Address.	(E)	nter Florida street address)
	,	
	(City)	, Florida
New Registered Agent's Signature, if changing Registered Agent:	(0.1,9)	
Agent a Signature, it changing registered Agent.		#
I hereby accept the appointment as registered agent and agre	e to act in this co	

(If Changing Registered Agent, Signature of New Registered Agent)

the provisions of all statutes relative to the proper and complete performance of my duties, and l'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.

		or Managing Members on our records, <u>enter the</u> g added or removed from our records:	e title, name, and address of each Manage
	Manager = Managing Mem	per	
<u> Title</u>	. <u>Name</u>	<u>Address</u>	Type of Action
	N/A		Add Remove
			☐ Add ☐ Remove
	-		Add Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
D. If an	nending any other i	nformation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
			O9 JAN
Dated	1/9/09	Signature of a member or authorized representative	IZ A B
		JAMO ELLIOTT  Typed or printed name of signee	of a member
		Page 2 of 2	

Filing Fee: \$25.00