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COVER LETTER

TO: Registration Section Untrins of Congumentable							
STRUCT: N.Y. L.A Entertainment Group (Names of Editional Exchallity Company)							
The enclosed Articles of Amendment and lee(s) are submitted for filling.							
Please return all correspondence concerning this matter to the following:							
Fabiola Fleuranvil (Name of Person)							
Blueprint Creative Group (Firm/Company)							
745 NE14314 Street							
North Miami FL 33161 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Fabiola Fleuranyi at (404, 437–0078 (Name of Person) (Area Code & Daytinse Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed)							
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building							

Tallahassee, FL 32314
Payable Flonda Dept of State

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

08 DEC 24 AM 10: 55

N.V.L.A Entertain	ment Group	SECRETARY OF STATE LIALLOHASSEE FLORIDA COORDS.)
(A Florida Limited L.) The Articles of Organization for this Limited Liability Company Florida document number 108000112546	were filed on	2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Habi	ility company here:	
Blueprint Creative Group	2. UC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the do	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	nla	
(Principal office address MUST BE A STREET ADDRESS)		gan i majada kamana, salah kamana, salah yai
Enter new mailing address, if applicable:	nla	
(Mailing address MAY BE A POST OFFICE BOX)		
ತ. if amending the registered agent and/or registered of registered agent and/or the new registered office address bero		ds, enter the name of the new
Name of New Registered Agent: h	a	
New Registered Office Address:		
	(Enter Florid	la street address)
	· · · · · · · · · · · · · · · · · · ·	Florida
Non-Durinianal in the City of the State of the City of	(City)	(Zip Code)

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 = N	Asnaging Member		
<u>Title</u>	Name	Address	Type of Action
	na		Ada Remove
	•		Add Remove
			Add Remove
			Add Kemove
			Add Remove
·			And Remove
D. If amen-	ding any other information, enter chan	ge(s) heve: (Attach additional sheets, if necessary.	1 Si
 			OB DEC 24 AM
	Described and		THOR STATE
.C	December/16,2008	n	
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