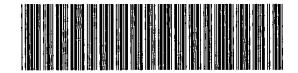
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(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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2 DEC -6 PM 12: 52 LOKLIJARY OF STATE ALLAHASSEE, FLORIDA

> K.SALY EXAMINER DEC -7 2012

COVER LETTER

TO:

Registration Section Division of Corporations

212 VENETIAN, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK L. EPSTEIN

Name of Person

212 VENETIAN, LLC

Firm/Company

204 PALM TRAIL

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

marke@nexxtshow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS F. CARNEY, JR.

561,330-8140

Name of Person

Area Code & Daytime Telephone 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)

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

FILED'
12 DEC -6 PH 12: 52

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	1703/E, FL
12/23/2008	and assigned
he Articles of Organization for this Limited Liability Company were filed on 12/23/2008	and assigned
lorida document number L08000116480	
•	İ
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	\$
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	LC" or the abbreviation
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	ŧ.
	-
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
200000 20000000000000000000000000000000	
	1
. If amending the registered agent and/or registered office address on our records, enter t	he name of the nev
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Enter Pioriaa Street adai	resș
, Florida	;
City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	
w Registered Apent's Signature, it changing Registered Agent:	•
hereby accept the appointment as registered agent and agree to act in this capacity. I further agr	
e provisions of all statutes relative to the proper and complete performance of my duties, and I a	
ccept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, i	

company has been notified in writing of this change.

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

Title	Name	Address	Type of Action
MGR	MARK EPSTEIN	204 PALM TRAIL	Add
		DELRAY BEACH, FL 3348	3 Remove
			or consequence
MGR	MATTHEW EPSTEIN	151 TREMONT STREE	Add
		APT. 17N	Remove
		BOSTON, MA 02111	
MGR	MARCI EPSTEIN	P.O. BOX 683	Add
		WEAVERVILLE, NC 2878	Remove
			* · · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			· ·
			Add
			Remove
			Ponne (1) de l'ac
			Add
		•	Remove
			-

If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
d _	19/5/12
	Signature of a member or authorized representative of a member
	MARK EPSTEIN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00