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Special Instructions to Filing Officer:

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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Security Division of Corp.			
SUBJECT: Mystro	Entertainment Prod (Name of Lim	uctions, LLC ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Charlotte Gass		
		(Name of Person)	
	Mystro Entertainment Pr	oductions, LLC	
		(Firm/Company)	
	54383 Marsh Road	•	
		(Address)	
	Callahan, FL 32011		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Charlotte Gass		at (_904)_237-5883	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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

## MYSTRO ENTERTAINMENT PRODUCTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	admity Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L09000015834</u>	were filed on <u>02/16/09</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designa	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here		nter the name of the new
Name of New Registered Agent:		09 SEL
New Registered Office Address:		AHA AHA
	(Enter Florida str , Flori	ida 🚆 🖺 🥅
	(City)	(Zip'Code) ≥≥ _
New Registered Agent's Signature, if changing Registered Agent:		0Α 0A

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 amending the Managers or Managing Members on our reçords, 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_	Charles E. Limbrick, Jr.	54383 Marsh Road Callahan, FL 32011	Add Remove
			Add Remove
D. If amendin	ng any other information, ento	er change(s) here: (Attach additional sheets, if nece	ssary.)
			O9 APR SECRET
Dated April 2	Signature of	a member or authorized representative of a member	-6 AM
	Charlotte Gass	Typed or printed name of signee	8: 18 STATE LORIDA

Page 2 of 2

Filing Fee: \$25.00