

L091000016221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

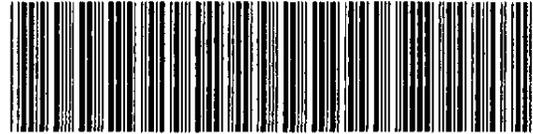
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 21 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL FLORIDA FUNDING CENTER LLC
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:

MEL BERNSTEIN JR
Name of Person

ENTERTAINMENT MANAGEMENT INTERNATIONAL LLC
Firm/Company

1540 INTERNATIONAL PARKWAY SUITE 2000
Address

HEATHROW, FLORIDA 32746
City/State and Zip Code

MELBERNSTEINJR@MAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MEL BERNSTEIN JR at (**407**) **810-4726**
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**

ALL FLORIDA FUNDING CENTER 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 02/07/2009 and assigned
Florida document number L09000016221.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ENTERTAINMENT MANAGEMENT INTERNATIONAL LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1540 INTERNATIONAL PARKWAY

SUITE 2000

HEATHROW, FLORIDA 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1540 INTERNATIONAL PARKWAY

SUITE 2000

HEATHROW, FLORIDA 32746

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TALLAHASSEE, FLORIDA

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:

MEL BERNSTEIN JR

New Registered Office Address:

1540 INTERNATIONAL PARKWAY, SUITE 2000

Enter Florida street address

HEATHROW

, Florida

32746

City

Zip Code

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.

Mel Bernstein MGRM
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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TINA M. BERNSTEIN	301 SOUTH MILWEE ST LONGWOOD, FLORIDA 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MEL BERNSTEIN JR	1540 INTERNATIONAL PARKWAY SUITE 2000 HEATHROW, FLORIDA 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Dated FEBRUARY 16, 2011.

Tina Bernstein MGRM
 Signature of a member or authorized representative of a member

TINA M. BERNSTEIN MGRM
 Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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