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TALLAHASSEE, FLORID.

S. HAWKES

APR 6 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	ions
SUBJECT:	Strumental Entertainment Name of Limited Liability Company
	, , ,
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
	Denny Ricatti
	Firm/Company
	2811 Center Court Dr.
	Weston, Fl 33332
	28/1 Center Court Dr. Address Weston TO 33332 City/State and Zip Code denny Ricaffi & yahoo, com E-mail address: (to be used for future annual report notification)
For further information concern	
Denny K Name of Person	n at (954) 864-3694 Area Code & Daytime Telephone Number
Enclosed is a check for the foll	
\$25.00 Filing Fee	330.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & 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

istrumental Entertainment

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900029946</u>	y were filed on	2009 TALLAH	and assigned
This amendment is submitted to amend the following:		ASSEE	-5 P
A. If amending name, enter the new name of the limited liab $EASTLAKE~~ {\it EASTLAKE}$			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	nny," the designation	CC" 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 of registered agent and/or the new registered office address her		our records, <u>enter th</u>	ie name of the ne
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addr	ress
		, Florida	
	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.

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

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Page 2 of 2

Filing Fee: \$25.00