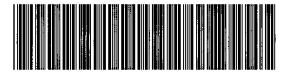
L09000030446

(Re	equestor's Name)
(Ac	ddress)
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SECRETARY OF STATE
ORIGINATION

J. BRYAN

MAY 2:1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Palm Bay Theaters 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:	
Dennis Connors Name of Person Palm Bay Therters LLC Firm/Company 1553 Palm Bay Rold NE Address Melbourne, FL 32905 City/State and Zip Code dacco@cfl.rr.com E-mail address: (to be used for future annual report notification)	FILED 09 MAY 19 PM 4: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further information concerning this matter, please call:	
Dennts Connors at (305) 481-6041 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$ Status \$55.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	e of Status &

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2009

DENNIS CONNORS
PALM BAY THEATERS LLC
1553 PALM BAY ROAD NE
MELBOURNE, FL 32905

SUBJECT: PALM BAY THEATERS LLC

Ref. Number: L09000030446



We have received your document for PALM BAY THEATERS LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 609A00016440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Bay Theaters 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 03/30/2009 ampassigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
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 on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Dennis Connors
New Registered Office Address:
Enter Florida street address
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

MGRM = Managing Member <u>Address</u> **Type of Action Title** Name | Dennis Connors MGRM ☐ Add Remove ☐ Add Remove Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00