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Office Use Only



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10 FEB 17 AM 11: 39
SECRETARY OF STATE
AND AND SSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Postal Scholars Entertainment, LLC Name of Limited Liability Company
The en	sclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mitchell Walthour Jr. Name of Person
	Postal Scholars Enterainment, LC
	12821 SW 50th C+ Address
å.̂≥	Miramar, FL 33027 City/State and Zip Code
غية	E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
4	Name of Person at (305) 450 - 9449 Area Code & Daytime Telephone Number
	sed is a check for the following amount: 5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, 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

FILED

10 FEB 17 AM II: 39

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Postal Scholars	s Enterainment,	CC FLORIDA	
(Name of the Limited Lia (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L09000 483</u>	ity Company were filed on5/ b(19/09 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
Watthour Entertainment	W		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	: 		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
			
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, 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

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			AddRemove		
			AddRemove		
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	FILED 10 FEB 7 AM 1: 39 SCONLIARY OF STATE FAILLAHASSEE, FLORIDA		
Dated F	Mitall Wo Signature of a member of the state	er or authorized representative of a member			

Page 2 of 2

Filing Fee: \$25.00