

W09000058593

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PALM BEACH, FLORIDA

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T. CLINE

SEP - 3 2009

EXAMINER

W09-58593

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Southern Ballerz Entertainment 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:

Ms. Andrea L. Lopes
Name of Person

Southern Ballerz Entertainment LLC
Firm/Company

P.O. Box 772457
Address

Coral Springs, FL 33077
City/State and Zip Code

southernballerz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ms. Lopes at 784.366.4285
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

Southern Ballerz Entertainment 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 0 and assigned
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)

2701 W. Oakland Pk Blvd.
Suite 230-A2
Fort Lauderdale, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 712487
Coral Springs, FL 33077

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:

New Registered Office Address:

2701 W. Oakland Pk, Blvd #230-A2
Enter Florida street address
Fort Lauderdale, Florida 33311
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

Title	Name	Address	Type of Action
MGRM	James Brooks Sr.	P.O. Box 772457 Coral Spring FL 33077	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove Correction
MGRM	Cedrick McDowell	P.O. Box 772457 Coral Spring, FL 33077	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dorothea Cabral	P.O. Box 772457	<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

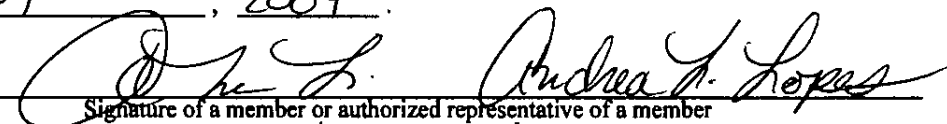
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FLORIDA

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

Current MGRM Listed needs correction.
Add Sr. to James Brooks name.

Dated 8/30/09, 2009


Signature of a member or authorized representative of a member
Andrea Lopes
Typed or printed name of signer