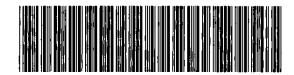
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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJE	CCT:	Many of Lim	Status Enter- ited Liability Company	fainment	, U		ı
			, , ,				
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.				
Please 1	return all corresp	ondence concerning this matter	r to the following:				
			Andrew Gaynair				
			Name of Person				
		Phanton	n Status Entertainment, Ll	LC ·			
			Firm/Company		ALC SEC	091	
		1060	S. Alafaya Trail, Ste 138	·	RETARY AHASSET	08 NOV 30	T
		1909	Address		ARY SSE	30	
						2	П
			Orlando, FL 32828		ST/	15 김 배	D
			City/State and Zip Code		COF STATE	43	
		E-mail address: (to be used for future annual report not	ification)	1 11		
For furt	her information	concerning this matter, please o	call:				
		drew Gaynair	at (305)	721-7322			
	Name	of Person	Area Code & Daytii	me Telephone Number			
Enclose	ed is a check for t	the following amount:					
\$2 5.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 File Certificated) Certified (addition	te of Stat I Copy		osed)
		JNG ADDRESS: ration Section	STREET/COUR Registration Secti	RIER ADDRESS:			
Division of Corporations			Division of Corne				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phantom Sta	atus Entertainment,	LLC		
(Name of the Limited Liability (A Florida	<mark>y Company as it now appear</mark> Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability O	Company were filed on	7/31/09	and assigned	
Florida document numberL0900074127				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	e:		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation ".	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			-i 	
(Principal office address MUST BE A STREET ADDI	RESS)	-	09 NC	
		- AS	30 V 30	
Enter new mailing address, if applicable:			हे इ गा	
(Mailing address MAY BE A POST OFFICE BOX)				
		<u>\$</u>	· •	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, enter	the name of the nev	
Name of New Registered Agent:		· ····································		
New Registered Office Address:		vist . 1		
	Enter Florida street address			
	, Florida		Zip Code	
	City		zip Coae	

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 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

Type of Action Title Name 1 <u>Address</u> MGR Anthony Dimauro 1969 South Alafaya Trail, Ste 138 ☐ Add Orlando, FL 32828 ✓ Remove ☐ Add Remove Add 🗌 Remove __Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00