LD9000071d652

(Requestor's Name) (Address) (Address)	600161420976		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	10/14/0901035002 **25.00		
(Business Entity Name)	vale, other commences of the second contract		
(Document Number)			
Certified Copies (1998) Certificates of Status (1998) (1999)	na sa		

Special Instructions to Filing Officer:

L. SELLERS

OCT 1 5 2009

EXAMINER

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COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CCT:	SureShot E	ntertainment, LLC.		
		Name of Limi	ited Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please i	return all correspond	dence concerning this matter	to the following:		
			Bryan Shetsky		
			Name of Person		
		Sure	Shot Entertainment, LL	С	
			Firm/Company	-	
		116	20 NW 56th Drive #115		
Address					
Coral Springs, FL 33076 City/State and Zip Code					
		info	o@sureshotteam.com		
		E-mail address: (1	to be used for future annual report	notification)	
For furt	her information con	cerning this matter, please c	all:		
	Brya	n Shetsky	at (561)	674-4741	
	Name of P	erson		ytime Telephone Number	
Enclose	d 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 & Oscd) Certified Copy (additional copy is enclosed)	
	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327 cc, FL 32314	Registration So Division of Co Clifton Buildir	rporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SureShot Entertainment, LLC.				
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears o	n our records.)		
	ily company,			
The Articles of Organization for this Limited Liability Company were	e filed on	8/10/2009	_ and assigned	
Florida document numberL09000076652			_	
Torida 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 L "L.L.C."	iability Company,	" the designation "LLC	C" 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)				
totaling warress mili bbril our or red bory				
		 		
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:		Ž	<u> </u>	
New Registered Office Address.	Enter	Florida street addres	<u> </u>	
Ciu	tv	, Florida	Zip Code	
New Registered Agent's Signature if changing Registered Agent.	.·	رون الميا	S M	
New Registered Agent's Signature, in changing Registered Agent.		0	∞ œ □	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to	act in this capa	city. I further agr es	A comply with	
the provisions of all statutes relative to the proper and complete μ	performance of i	ny duties, and I a $m{m}_i$	familiar with and	
accept the obligations of my position as registered agent as provi				
being filed to merely reflect a change in the registered office addi company has been notified in writing of this change.	ress, i nereby co	njirm that the limite	га навину	
1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				

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>	Name	<u>Address</u>	Type of Action
MGRM	James Scheffer	6776 NW 66th Way Parkland, FL 33067	✓ Add Remove
			Add Remove
			Add Remove
···			Add Remove
<u> </u>			Add Remove
			□ Domovo
D. If amend	ing any other information	, enter change(s) here: (Attach additional sheets, if	necessary.)
	Ortobar 2	0000	
Dated	October 2		P 09 OCT
•	Signatur	re of a member or authorized representative of a member	SSE
		Bryan Shetsky Typed or printed name of signee	
		Page 2 of 2	동물 표
		Filing Fee: \$25.00	DA TO