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DIVISION OF CURPURATION

N. Culligan MAR - 8 2011

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Gabba Gan	nma Playhouse LLC	
		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Lisa Gra	nskie for Incorp Services, Inc	
		Name of Person	
		Incorp Services, Inc.	
		Firm/Company	
	2360	Corporate Circle, Suite 400	
		Address	
	Her	nderson, NV 89074-7722	
	L9.J_	City/State and Zip Code	
	NIIOA E-mail address; (alexander08@gmail.com to be used for future annual report notifies	tion)
For further information	concerning this matter, please of	call:	
	isa Granskie	at (66-2500
Nâme	of Person	Area Code & Daytime T	clephone Number
Enclosed is a check for	the following amount:		
▼ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

03/01/2011 14:32

DIVISION OF CORPORATIONS 11 MAR -7 PM 12: 53

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TPU

Gabba Gamma F (Name of the Limited Liability Compan (A Florida Limited Li	Playhouse LLC y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 08/27/2009 and assigned			
This amendment is submitted to amend the following:	·			
A. If amending name, enter the new name of the limited liabil	ity company here:			
JAX Couture Events LLC				
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	3955 Riverside Ave			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32205			
Enter new mailing address, if applicable:	3955 Riversick Ave.			
(Mailing acidress MAY BE A POST OFFICE BOX)	Jacksonville, FL 32205			
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:				
	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

Page 1 of 2

MGR = Manager

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:

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Christopher D Alexander MGRM 2961 CENTERWOOD DRIVE N JACKSONVILLE FL 32218 _ Add √ Remove \square \land dd 🔲 Remove ☐ Add ☐ Remove ∏Add Remove ☐R¢move ∏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

Hilda L Alexander
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00