## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H090002409913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone

: (800)494-3124

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: | • |      |      |      |  |
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|       | -        |   | <br> | <br> | <br> |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONEY AVE ENTERTAINMENT, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

J. BRYAN

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONEY AVE 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 10/20/2009              | and assigned                    |
|--|---|---------------------------------|
| Florida document number L09000101532   | ·   |                                 |
| This amendment is submitted to amend the following   | :   |                                 |
| A. If amending name, enter the new name of the li  | imited liability company here:                |                                 |
| J.S. TALENT MANAGEMENT, LLC  |   |                                 |
| The new name must be distinguishable and end with the vil.L.C."  | words "Limited Liability Company," the design | ation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |   |                                 |
| (Principal office address MUST BE A STREET AD  | DRESS)  |                                 |
|  |   |                                 |
| Enter new mailing address, if applicable:  |   |                                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                 |
| B. If amending the registered agent and/or represent and/or represent and/or the new registered office a |   | enter the name of the new       |
| Name of New Registered Agent:  |   |                                 |
| New Registered Office Address:   |   |                                 |
| •  | (Enter Florida st                             | reet address)                   |
| ·  |   | ida                             |
|  | (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)

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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 = Mar<br>MGRM = M | nager<br>Ianaging Member |  |  |
|-----------------------|--------------------------|--|--|
| Title                 | Name                     | Address  | Type of Action   |
| <u>.</u>              |                          | · ·  | Add Remove   |
|                       |                          |  |  |
|                       |                          |  |  |
|                       |                          |  | Add Remove   |
| <del></del>           |                          |  |  |
|                       |                          |  | Add Remove   |
|                       |                          | ge(s) bere: (Attach additional sheets, if recess | O9 NOV 13 AM 8: 3:  SECRETARY OF STATE TALL AHASSEE. FLORIO. |
| Dated <u>NOVE</u>     | MBER 10TH , 2009         | for authorized representative of a member        | * 33<br>**********************************                   |
|                       | JUSTIN SALMON Typed      | or printed name of signee                        |  |

Page 2 of 2