## L0900010330le

(Re	equestor's Name)			
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G. MCLEOD

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**EXAMINER** 

## COVER LETTER

10:		of Corporations
CUD IE	OT.	GET UR GAME ON, LLC
SUBJE	CI:	Name of Limited Liability Company
The end	closed Artic	cles of Amendment and fee(s) are submitted for filing.
Please r	return all co	prrespondence concerning this matter to the following:
		James J. Armstrong
		Name of Person
. 4		
		James J. Armstrong, PA
		Firm/Company
		1974 Bayhill Drive
		Address
		Melbourne, Florida 32940
		City/State and Zip Code
		jarmstronglaw@yahoo.com E-mail address: (to be used for future annual report notification)
Con firm	than infamu	ation concerning this matter, please call:
roriun	mer miorii	ation concerning this matter, prease can.
	,	James J. Armstrong at ( 321 ) 253-3636
		Name of Person Area Code & Daytime Telephone Number
	•	
Enclose	ed is a chec	k for the following amount:
	.00 Filing	· ·
[h] +		Certificate of Status Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
		MAILING ADDRESS: STREET/COURIER ADDRESS:
		Registration Section Registration Section Division of Corporations Division of Corporations
!		P.O. Box 6327 Clifton Building
		Tallahassee, FL 32314 , 2661 Executive Center Circle
	•	Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET UR GA	AME ON, LLC	;		-
(Name of the Limited Liability Com (A Florida Limite	pany as it now apped Liability Company	ars on our record	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Compa	ny were filed on	October 26,	2009	and assigned
Florida document numberL09000103306				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company h	<u>ere</u> :		
CENTRAL FLORIDA ENTE	ERTAINMENT	ROUP, LLC		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Com	pany," the designa	ation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		<u>ب ک</u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	·	<u> </u>	<u></u>
	<del>.</del>			<del>S</del>
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			<u>ස</u>
B. If amending the registered agent and/or registered	office address or	our records.	enter the r	name of the nev
registered agent and/or the new registered office address h			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				•
Name of New Registered Agent:		\$		
New Registered Office Address:				. , .
	.*	Enter Florida str	eet address	
		, Flor		
	Citv		Z	ip 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 = M MGRM =	anager Managing Member		- *(	•	
<u>Title</u>	Name	Address			Type of Action
:					Add Remove
··-			1		Add Remove
			В		<del></del>
					Add Remove
					Add Remove
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					Add
D. If amer	nding any other information, ente	r change(s) here: (Attach d	additional she	ets, if nece.	ssary.)
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		· · · · · · · · · · · · · · · · · · ·	1 <del>5</del>	<u>.</u>	· .
_		-			
Dated	July 27	2010			
	7	member or authorized repres			•
	James J. Al	mstrong, Attorney Fla	ignee	J2 11 U	

Page 2 of 2

Filing Fee: \$25.00