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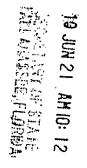
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(Address)	_				
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S. HAWKES
JUN 2 2 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ABJ PRODUCTIONS LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BERTA BELLO Name of Person	-
Name of Person	•
ABJ PRODUCTIONS LLC Firm/Company	<del>.</del>
Firm/Company	
2833 NW 7 St Address	_
Address	
MIAMI FC 33125 City/State and Zip Code	_
City/State and Zip Code	
BBELLO @ CHAPLEEMAX - Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
BERTA BFLLO 01/786, 486-5333	
BERTA BELLO at (286) 486-5333  Name of Person Area Code & Daytime Telephone Number	er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	ate of Status &
MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section	

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

ABJ PRODUCT	TIONS LLC  y Company as it now appears on our Limited Liability Company)	records.)
		,
The Articles of Organization for this Limited Liability (		and assigned
Florida document number	*	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	21 #
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the subreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Flori	da 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

MGR = Mar	nager	•	*	
	anaging Member		:	
<u>Title</u>	<u>Name</u>	Address		Type of Action
MGRM	ADRIAN MESA	2833 NW MIAMI, FC	7 St 33125	Add Remove
		*		Add Remove
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D. If amend	ling any other information, enter chang	ge(s) here: (Attach a	additional sheets, if nec	essary.)
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Dated $\mathcal{J}_{0}$	INE 16 , 20	10 //		
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	Signature of a member	w an authorized range	entative of a mombon	

Page 2 of 2

Filing Fee: \$25.00