

L10000009607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

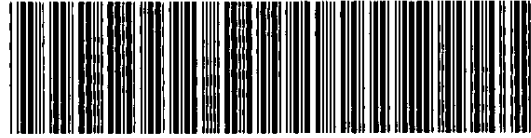
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & J Entertainment 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:

Carnell W. Hargrove Sr.
Name of Person

C & J Entertainment LLC
Firm/Company

1535 Itchepackesassa Drive
Address

Lakeland, FL, 33810
City/State and Zip Code

Coolbreeze money@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carnell W. Hargrove Sr. at (863) 682-7336
Name of Person Area Code & Daytime Telephone Number

Enclosed 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 &
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C & J 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 January 26, 2010 and assigned Florida document number L10000009607.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Full Potential Entertainment LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1535 Itchepackesassa Drive
Lakeland, FL 33810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1535 Itchepackesassa Drive
Lakeland, FL 33810

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:

Carnell W. Hargrove Sr.

New Registered Office Address:

1535 Itchepackesassa Drive

Enter Florida street address

Lakeland

City

Florida

33810

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.

Carnell W. Hargrove Sr.

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carnell W. Hargrove Sr.	1535 Itchepackesassa Drive Lakeland, FL 33810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Waymon Jordan	6945 Ashbury Drive Lakeland, FL 33809	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Daphne Hargrove	1535 Itchepackesassa Drive Lakeland, FL 33810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Victoria Hargrove	1535 Itchepackesassa Drive Lakeland, FL 33810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated July 14, 2010

Carnell W. Hargrove Sr.
Signature of a member or authorized representative of a member

Carnell Hargrove Sr.
Typed or printed name of signee