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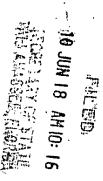
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**S. HAWKES**JUN **2** 1 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration So Division of Cou			
SUBJEC	<b>~</b> ₽•,	God Realm	Entertainment LLC	
SOBJEN	∨11 <u></u>		ted Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
, 			Anthony D Franklin	·
			Name of Person	:
		God F	Realm Entertainment LLC	•
			Firm/Company	
1250 Brookwood Forest Blvd #1201				
			Address	
		Jac	ksonville, Florida 32225	
			City/State and Zip Code	
		blac	ckants_01@yahoo.com to be used for future annual report notification	
17 C	i	E-mail address: (concerning this matter, please c		)
ror turu	ier intormation (	concerning uns matter, prease c	ait.	
Anthony D Franklin			ai ( · )	4026
	Name o	of Person	Area Code & Daytime Telep	ohone Number
Enclose	d is a check for t	he following amount:		
\$25.6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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 A Registration Section	DDRESS:
		on of Corporations	Division of Corporations Clifton Building	
			2661 Executive Center C Tallahassee, FL 32301	Circle

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

God F	<u>Realm Ente</u>	rtainment LL	C	بين المعرد ا			
(Name of the Limited L (A F	iability Compar	y as it now appear	s on our records.)				
(A F	iorida Limited L	iability Company)	•				
The Articles of Organization for this Limited Liab	were filed on	02/05/2010	and assigned				
Florida document number L100000135	27						
Tionda document number	<del></del> ,						
	·		:				
This amendment is submitted to amend the follow	ing:			6			
A. If amending name, enter the new name of the	ne limited liabi	lity company here	: :	Age in .			
			•				
The new name must be distinguishable and end with a "L.L.C."	he words "Limit	ed Liability Compar	ny," the designation "I	LC" or the abbreviation			
Enter new principal offices address, if applicable:		1250 Brookwo	ood Forest Blvd				
(Principal office address MUST BE A STREET.	ADDRESS)	#1201	1				
		Jacksonville, I	FL 32225				
				<del></del>			
Enter new mailing address, if applicable:		1250 Brookwo	ood Forest Blvd				
• • • • • • • • • • • • • • • • • • • •		700 T 07001 2170					
(Mailing address MAY BE A POST OFFICE BOX)		#1201	•				
		Jacksonville, I	FL 32225				
B. If amending the registered agent and/or	registered off	ice address on o	ur records, enter t	he name of the new			
registered agent and/or the new registered office address here:							
			•				
Name of New Registered Agent:	Anthony D F	ranklin	- '				
New Registered Office Address:	1250 Brrokwood Forest Blvd #1201						
	Enter Florida street address						
•	Ja	cksonville	, Florida _	32225			
•	· · · · · · · · · · · · · · · · · · ·	City		Zip Code			
New Registered Agent's Signature, if changing Reg	ristered 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 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 = Ma MGRM = N	nager ⁄Ianaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	Watson, Jarvis J	4835 Hatteras Road Jacksonville, FL 32208	✓ Add Remove
			Addy Remove
			Add O Add
<u>.</u>			Add
			AddRemove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if nec	Remove
	<u> </u>		
Dated	6.10.10		
	Signature of a m	nember or authorized representative of a member	
	-	Anthony D Franklin Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00