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(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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08/20/12--01002--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Dreams Come true Records 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:					
Rochey McClain Name of Person					
Auder Limits Entertainment LLC Firm/Company					
2283 NW 136 ter apa locka FL 33054					
Opa locka FL 33054 City/State and Zip Code					
Ajaventer prises/1c a Gmail. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sam Haye5 at (305) 303-2020 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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



RECEIVED

12 AUG 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 10, 2012

* A * *)

RODNEY MCCLAIN AUDER LIMITES ENTERTAINMENT LLC 2283 NW 136 TER OPA LOCKA, FL 33054

SUBJECT: AUDER LIMITS ENTERTAINMENT, LLC

Ref. Number: L10000022446

We have received your document for AUDER LIMITS ENTERTAINMENT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 912A00020734

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0	F 12 AUG 16 PH 2: 25
Auder Limits Enter	ment ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\00000 2244 b</u> .	were filed on <u>03-01-2010</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable of the liable of the limited liable of the liable of the limited liable of the limited liable of the limited liabl	1/c
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1400 St Charles Place #319 Pembroke Pines FL 33026
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1400 St Charles Place #319 Pembroke Pines FL 33026
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
_			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an		inge(s) here: (Attach additional sheets, if necessor	
		ney NICCIAIN address to Charles Place #319	
		Pines, Fl 33026	SEGRETAS DIVIDINATE 12, AUG. 16
Dated _	,	·	PH 2: 25
	Predness McClarine	aber or authorized representative of a member and bed or printed name of signee	25
	Typ	IN seed or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00