Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP

Account Number: I20100000009

Phone

: (305)599-0839

Fax Number

: (305)592-9591

**Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOKERA ENTERTAINMENT, LLC

| 0 |
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| 0 |
| \$25.00 |
| |

D. BRUCE

APR 15 2010

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lokera Entert | <u>ainment, LLC</u> | | | |
|--|-----------------------|---------------------------------------|-------------------|-------|
| (Name of the Limited Liability Comps (A Florida Limited) | nv as it now appear | s on our records.) | | |
| (w. t. iorida chikiliwa | Mantilly Company | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | 03/24/2010 | and assigned | |
| Florida document numberL10000032326 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here | : | | |
| Beka Med | la, LLÇ | | | |
| The new name must be distinguishable and end with the words "Line"L.L.C." | ited Liability Compar | ny," the designation "LL | C" or the abbrevi | ation |
| Enter new principal offices address, if applicable: | 2929 SW 3rd | Avenue | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 612 | | <u> </u> | |
| | Miami, Florida | 33129 | 5 9 ≥ | |
| | | | * Z | erma. |
| Enter new mailing address, if applicable: | 2929 SW 3rd | Avenue | \$2 - | _ [|
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 612 | | | _ |
| | Miami, Florida | 33129 | 5 2 | |
| | | | RHATE SE | _ |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ir records, enter the | name of the | new |
| TEDSTETED Spent inturbit the flew registered states seed as not | - | | | |
| Name of New Registered Agent: | | | ····· | |
| New Registered Office Address: | | | | |
| Total Cores Ast of Market a summand. | Ente | er Florida street <mark>addr</mark> e | ss | |
| | | , Florida | | |
| | City | | Zip Code | - |
| NI No. 1 | | | | |

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, Sinnature of New Registered Avent

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:

| | <u>Name</u> | Address | Type of Action |
|--------------|----------------------------------|--|-------------------|
| <u></u> | | | Remove |
| | | | Remove |
| · · | | | Remove |
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| | | | party as |
| _ | | | |
| Ifamaud | ing any other information, enter | change(s) here: (Anach additional sheets | s, if necessary.) |
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| ted O' | | • , | AR . |

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