

L10000042128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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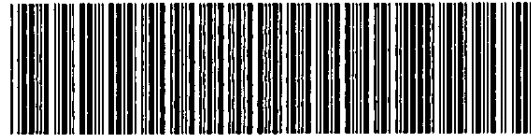
(Business Entity Name)

(Document Number)

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FILED
11 JAN 28 AM 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 31 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Club Hero's 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:

Jennifer E. Wiggins
Name of Person

L.H. Forks & Associates, INC
Firm/Company

735 Venus Mars Court Suite A
Address

Jacksonville FL 32209
City/State and Zip Code

LHForksinc09@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer E. Wiggins at (904) 699-5123
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

The Club Hero's Productions 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 04/16/10 and assigned
Florida document number 10000042128.

This amendment is submitted to amend the following:

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

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)

684 Seven Gables Circle

S.E. Palm Bay FL 32909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

684 Seven Gables Circle

S.E. Palm Bay FL 32909

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:

Jennifer E. Wiggins

New Registered Office Address:

735 Venus Mars Court Suite A

Enter Florida street address

Jacksonville

Florida 32209

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.

Jennifer E. Wiggins
If Changing Registered Agent, Signature of New Registered Agent

FILED
11 JAN 28 2010
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGRM	Albert Castro	32 A Earhart lane Bronx NY 10475 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO/P	Albert A. Castro	32 A Earhart lane Bronx NY 10475	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Andrew M Hoffer	10610 N 30th Street 29H Tampa FL 33612 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
COO	Rafael Perez III	1675 Grand Concourse Apt 65 Bronx NY 10452	<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.)

Dated _____

Signature of a member or authorized representative of a member

Albert A. Castro

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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11 JAN 28 AM 16
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TALLAHASSEE, FLORIDA