L10000048732

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
. PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



100183626981

07/26/10--01012--008 **25.00

FILED

O JUL 26 AM 9: 46

SECRETARY OF STATE

ALASSEE FI ORIDA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Gia Rentals	& Productions LLC	
	Name of Lim	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		Henri' Risher	
		Name of Person	
	Advan	ced Show Technology LLC	
. جسن		Firm/Company	
		PO BOX 92460	<u>-</u>
		Address	
· ,	La	keland, FL 33804-2460	
		City/State and Zip Code	
•	E-mail address: (NRI@FULLSAIL.EDU to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	call:	
ŀ	Henri' Risher	at (863)	510-7789
Name	of Person	Area Code & Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· •••	يستند ۾	The state of the s	مين د مساسد د د د مساسد

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

FILED

10 JUL 26 AM 9: 46 SEURETARY OF STATE

Gia Rentals & Productions LLC (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 06, 2010 and assigned L10000048732 Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ADVANCED SHOW TECHNOLOGY 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: 5150 Long Lake Cir apt 207 (Principal office address MUST BE A STREET ADDRESS) Lakeland,FL 33805 Enter new mailing address, if applicable: PO BOX# 92460 (Mailing address MAY BE A POST OFFICE BOX) LAKELAND, FL 33804-2460 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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> **Type of Action** MGR Melvin Henri' Risher 5150 Long Lake Cir apt 207 ☑ Add Lakeland FL Remove 33805 🗹 Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add 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

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00