

05-12-10

02:21PM

FROM-Akerman Senterfitt

+305 755 5869

T-262 P 001/003 F-741

Division of Corporations

41000050583

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H10000115120 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AKERMAN SENTERFITT (MIAMI)

Account Number : 075471001363

Phone : (305) 374-5600

Fax Number : (305) 374-5095

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

Email Address: pedro.freyre@akerman.com

FILED
10 MAY 12 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IM ENTERTAINMENT LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

D. BRUCE

MAY 13 2010

EXAMINER

05-12-10

02:21PM

FROM-Akerman Senterfitt

+305 755 5863

T-262 P.002/003 F-741

(H10000115120 3)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IM ENTERTAINMENT 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 5/11/2010 and assigned
Florida document number L10000050583.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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MAY 12 AM 8:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 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

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H10000115120 3)

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
MVP/S	IRINA VERGUN	18101 COLLINS AVENUE, UNIT 3308 SUNNY ISLES, FL 33160	☒ Add ☐ Remove
			☐ 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.)

MAXIM VERGUN APPEARS AS A MEMBER ON YOUR RECORDS,
HOWEVER WE WISH TO ADD THAT HE WILL BE PRESIDENT AND
TREASURER.

Dated MAY 12 2010

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA