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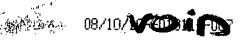
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S. HAWKES

AUG 11 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PIXIE ENTERTHIMENT, 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:			
FORREST KING, Name of Person			
PREMIER FINANCIAL MGMT Firm/Company			
2011 N. OCEAN BLUD; SUITE 1605N Address			
FT, LAUDER DALC, FL 33305 City/State and Zip Code FORREST, KING & Smail. Com E-mail address: (to be used for future and all report notification)			
For further information concerning this matter, please call:			
TORREST KINC, at (954-591-8045) Name of Person at (954-591-8045) Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ 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

PIXIE EIVT (Name of the Limited Limite	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number $4/000054$	ility Company were filed on	7/20/10 and assigned
This amendment is submitted to amend the follow	ing:	A S.
A. If amending name, enter the new name of th	e limited liability company here	: 8
The new name must be distinguishable and end with the		. 5m
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le: 2011 N. 0	CEAN BLID #1605_
(Principal office address MUST BE A STREET	ADDRESS) FT. LAVO.	ERPAGE, FL 33305
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:		ur records, enter the name of the new
ranie or trem registered regett.		
New Registered Office Address:		
	Ente	er 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, 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 1 Type of Action Name **Address** MCRM REGINALD FULTORD DESS 2841 NE35 MCT Add FT LANDERDALL FL Remove FORREST KING MGMR DOINIOCIAN BLUD #1605N Add FTUANERDA & FT TO REM ☐ Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 8/6/2010 Signature of a member or authorized representative of a member To 212Es 7 /C/X/G
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00