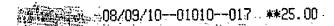
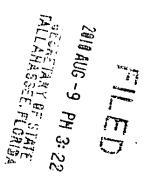
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PICK-UP	[MAIT		<u></u> MA	AIL
	Busine	ess Entity l	Varne)		
(Docur	nent Numb	er)		
Certified Copies	<u> </u>	Certifica	ates of S	Status	
Special Instructions	to Filir	ng Officer:			
	A	. LU	NT	•	
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Office Use Only

EXAMINER

COVER LETTER

	tration Section on of Corporatio	ns			
SUBJECT:	-	DE JA VU U	LTRA LOUNGE L	LC	
		Name of Lin	nited Liability Company		-
			•		
	• **		•		
The enclosed A	Articles of Amend	ment and fee(s) are su	ibmitted for filing.		
Please return al	ll correspondence	concerning this matte	er to the following:		
.]		•			
			0.4.4.4. N. 1011N100	A #	
	<u> </u>		GAMAL N. JOHNSO	N	
			Name of Person		
		DE JA	VU ULTRA LOUNG	iE LLC	LECHELL PROPERTY IN AUG
			Firm/Company		55 6
•			17 WEST PINE		FEI-C
	.		Address		- 原料 子
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· · · · · · · · · · · · · · · · · · ·	• .		ORLANDO, FL 3280	1	22 File
			City/State and Zip Code		- -
		JAMAF	@DEJAVUORLAND	O.COM	
		E-mail address:	(to be used for future annual re	eport notification)	-
For further info	ormation concerni	ng this matter, please	call:		
•					
·•	GAMAL JO	HNSON	at (_407_)_	620-8415	
	Name of Person		Area Code	& Daytime Telephone Numb	per
	_				
					•
	heck for the follow	ving amount:			
\$25.00 Filir	ng Fee S3	0.00 Filing Fee &	\$55.00 Filing Fee &		
	. , , ,	Certificate of Status	Certified Copy. (additional copy is		cate of Status & - ed Copy
					onal copy is enclosed)
,			•		
	,				
	MAILING AI	DDRESS:	STREET	COURIER ADDRESS:	
	Registration Se		Registrati	on Section	
	Division of Co P.O. Box 6327		Division (Clifton B	of Corporations	
	Tallahacree El			unung outive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE JA VU ULTRA LOUNGE LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Compa	nny were filed on	06/10/2010	and assigned
Florida document numberL10000062181			
	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L	imited Liability Comp	any," the designation	"LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:	·	•	2
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>		
			i s
		(22. 0
Enter new mailing address, if applicable:	•	ŗ	
(Mailing address MAY BE A POST OFFICE BOX)		,	Con Line Security
		7 H	in N
		<u> </u>	1.0
B. If amending the registered agent and/or registered		our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office address h	iere:	,	
2			- .
Name of New Registered Agent: GAMAL N	N. JOHNSON		
New Registered Office Address: 17 WEST	PINE	4	•
· · · · · · · · · · · · · · · · · · ·	E	nter Florida street ad	ldress
	ORLANDO	, Florida	32801
•	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
		•	
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con			

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

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent -

company has been notified in writing of this change.

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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JAMAR JOHNSON	1675 PROSPECT AVE ORLANDO, FL 32814	Add Remove
MRGM	GAMAL N. JOHNSON	17 WEST PINE STREET ORLANDO, FL 32801	Add
			Add Remove
			:∽ <iiìa7dd< td=""></iiìa7dd<>
			Remove 3
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
Dated <u>Q</u>	Signature of	member or authorized representative of a member GAMAL N. JOHNSON Typed or printed name of signee	, .

Page 2 of 2

Filing Fee: \$25.00