

L10000065218

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 1 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG CITY NIGHTS 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:

Mark Hannifin

Name of Person

Firm/Company

1300 Corporate Center Way - 105-A

Address

Wellington FL US 33414

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Hannifin

Name of Person

at (561)

629-2429

Area Code & Daytime Telephone Number

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

FILED

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BIG CITY NIGHTS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 18 2010 and assigned
Florida document number L10000065218.

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)

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:

MARK HANNIFIN

New Registered Office Address:

1300 CORPORATE CENTER WAY - 105-A

Enter Florida street address

WELLINGTON

Florida

33414

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.

[Signature]
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

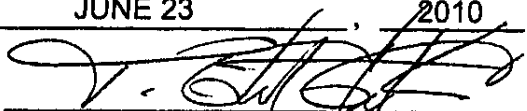
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CLINT CHEEK	373 S COUNTRY CLUB DR	<input type="checkbox"/> Add
		ATLANTIS FL 33462	<input checked="" type="checkbox"/> Remove
MGRM	MIKE CLIFTON	8721 SANTA MONICA BLVD	<input type="checkbox"/> Add
		SUITE 817	<input checked="" type="checkbox"/> Remove
		LOS ANGELES CA 90069	
MGRM	SILVER BELL MGT LLC	615 INDIAN TOWN RD - 1B	<input type="checkbox"/> Add
		JUPITER FL 33458	<input checked="" type="checkbox"/> Remove
			<input 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.)

MARK HANNIFIN will be the sole remaining MGRM.

MARK HANNIFIN will be the registered agent also.

Dated JUNE 23, 2010



Signature of a member or authorized representative of a member

THOMAS CLINTON CHEEK

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA