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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Heater Rodger Name of Person
Miranar Enkytainnat LC Firm/Company
101 S. Eola unit # 014
Orlando, Fl. 32801 City/State and Zip Code
E-mail address: (to the used for future annual report notification)
For further information concerning this matter, please call:
Zulkeira R. Seferik at (40) 35-0959 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (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

TO ARTICLES OF ORGANIZATION OF

MIYAMOV ENTERTOUNN	New LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $\frac{7/30/2010}{}$ and assigned
This amendment is submitted to amend the following:	TACE TO SEE
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	110 S. Ovange ANE =
(Principal office address MUST BE A STREET ADDRESS)	UTIUNUU, FL, 3 CHOI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 690984 OYLANDO, PL 32869
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: HeCT	tor Rodriguez (same)
New Registered Office Address:	Enter Blorida street address
brland	O Florida 3286 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 605, 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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al)	(optional)	tive date, if other than the date of filing:
er	eipt or filed date and cannot be more than 90 days after	fective date must be specific, cannot be prior to date on the this document is filed by the Florida Department of the control
		9/15/14/
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17	- Je Acut	
/ `	or authorized representative of a member	Signature of a me
	or authorized representative of a member Ketan Heta	Zulken Kul

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALL MASSEE FLOOR