Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000247252 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : FASTKIT CORF Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:

<u>co</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NARAY ENTERTAINMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

B. BOSTICK

DCT 19 2011

EXAMINER

10/12/2011

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naray Enter (Name of the Limited Lability (A P)orda Li	tainment Group L Company as it now appear mited Liability Company)	LC rs on our records.)			
The Articles of Organization for this Limited Liability Co	mpany were filed on	09/30/2010	and assi	_ and assigned	
Florida document number <u>L10000102702</u>	.	•			
This amendment is submitted to amend the following:			:	ŕ	•
A. If amending name, enter the new name of the limit	ed liability company he	<u>.</u>			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	any," the designation "I	LC" or the al	bhreviat	ion
Enter new principal offices address, if applicable:			Acc	<u>=</u>	-
(Principal office address MUST BE A STREET ADDRE	(32)			8	= smga
			- S	<u></u>	ر موسور ہے مربور و
			ONE.	50	w pr
Enter new mailing address, if applicable:			(1),	102	_ <u>} </u>
(Mailing address MAY BE A POST OFFICE BOX)			pin (j.		مع نامات م
			- REAL	2	_
B. If smending the registered agent and/or registered agent and/or the new registered office addresses	red office address on the best of the best	our recurds, <u>enter t</u>	he name ol	the n	<u>ew</u>
Name of New Registered Agent:					-
New Registered Office Address:			<u></u>		_
	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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Momber being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name **Address** Type of Action **MGRM** Edger Aray Franco Add Z Remove 186 SE 12 Trail, Apt 1506 Miami EL 33131 MGRM Edgar A. Aray 186.SE 12 Trail. Apt 1506 √ Add Remove Miami, FL 33131 Remove ☐ Add Remove .:: □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 11 2011 Dated

Typed or grinted name of signee Page 2 of 2

Signature of a member of guillefized representative of a member

Edger A. Aray Franco

)PIE

Filing Fee: \$25.00