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JUL - 8 2011

EXAMINER



200208701252

07/06/11--01018--004 **75.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL - 6 AM 9:38

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Will Call Music and Sport LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 JUL - 9 AM 9:38

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY KATH ESQ
Name of Person

ATTORNEY
Firm/Company

PO Box 41-4213
Address

Miami Beach, FL 33141
City/State and Zip Code

KATHMAN@BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Kath at (305) 861-3606
Name of Person 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -8 AM 9:38

Will Call Music and Sport LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2011 and assigned
Florida document number L 110000035155.

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)

4299 Collins Avenue
MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4299 Collins Avenue
MIAMI BEACH, FL 33140

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:

TIMOTHY WILCOX

New Registered Office Address:

4299 Collins Avenue

Enter Florida street address

MIAMI BEACH, Florida 33140
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.

Timothy Wilcox
If Changing Registered Agent, Signature of New Registered Agent

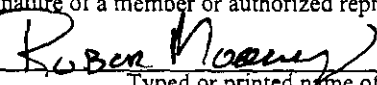
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TIMOTHY WILCOX	4299 COLLINS AVE MIAMI BEACH, FLA 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JASON THIBODEAU	1521 ALTON ROAD MIAMI BEACH, FLA 33141	<input type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 27, 2011

Signature of a member or authorized representative of a member

PLEASE SIGN -->
Typed or printed name of signee
ROBERT MOONEY
Page 2 of 2

Filing Fee: \$25.00