L110000001319

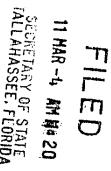
(Requestor's Name)				
(Address)	—			
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800196707878

03/04/11--01019--011 **30.00



D. BRUCE
MAR 7 2011
EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT:	Showtim	ne Ventures, LLC		
		nited Liability Company		_
	s of Amendment and fee(s) are so	•		
		22 to 110 10 11 11 15		
		Edwin L. Adler		
	•	Name of Person		
		Firm/Company		
20 West Washington Street, Suite 15				
		Address		
	Clarkston, MI 48346			*******
		City/State and Zip Code		
	E-mail address:	edadler@msn.com (to be used for future annual repo	ort notification)	- AR 3
For further information	on concerning this matter, please	•	,	MAR-4 RETARY C
Jol	hnlee Curtis, Esq.	at (786)	221-0600	PS S D
Nan	ne of Person		Daytime Telephone Num	AAIA BERDA
Enclosed is a check fo	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi (closed) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enclosed)
MA	AILING ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Showtime V	entures, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appe l Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	January 04, 2011 and assigned	
Florida document numberL11000001319			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
Sinbad Ver	ntures, LLC		
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		3	
(Principal office address MUST BE A STREET ADDRESS)		-6	
		A T	
		SEE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Wember being added or removed from our records:

MGR = Mar MGRM = M	lager Ianaging Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessar	SECURE IA
		Set of the	ILED REFERSION
Dated		- Clles	<u> </u>
-	E	or authorized representative of a member Edwin L. Adler or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00