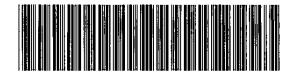
21/000/0027

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	: #)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
_ Certificates	of Status
Filing Officer:	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates

Office Use Only



400268971204

02/18/15--01012--013 **25.00

2015 FEB 18 PM 3: 51

FEB 2 4 2015 , BRUCE

COVER LETTER

ŧ.

į

TO: Registration Section Division of Corporation				
SUBJECT: EVery	body Can J	am Entertainment of ited Liability Company	UC	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Chad	E. Scott Name of Person		
		Firm/Company		
	2035 Jack	San Crissing Court		
	Jonesh	City/State and Zip Code Scott & GMGI Combined to be used for future annual report notification		
-	E-mail address: (1	Scott & gmail.com to be used for future annual report notification	on)	
For further information conc	erning this matter, please ca	all:	> · · · · · · · · · · · · · · · · · · ·	
Chay Sc Name of Pe	o H rson	at (<u>256</u>) <u>4615 –6076</u> Area Code Daytime Tek	S 00 1	THE PARTY OF THE P
Enclosed is a check for the for	-			
\$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

Every body (in) a	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company were filed on 1/25/2011	_ and assign	ied
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of the CEOSwHLLC The new name must be distinguishable and end with the wor	te limited liability company here: rds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:		: C5	property En
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or	registered office address on our records, enter th	e name of	the nev
registered agent and/or the new registered office	e address here:	3.55 5.55 5.55 5.55 5.55 5.55 5.55 5.55	A month
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 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

n the date of filing: c, cannot be prior to date of receipt or filed da	(optional) te and cannot be more than 90 days after
	·
7/, 20/3	
Signature of a member or authorized	representative of a member
	ic, cannot be prior to date of receipt or filed date the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00