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EXAMINER



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COVER LETTER

Division of Co	rporations				
SUBJECT:	THE BUCKE	THEAD SHOW, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspondent	ondence concerning this matter	r to the following:			
		Steven J. Lockhart			
Name of Person					
Kaufman, Englett & Lynd Firm/Company					
111 N. Magnolia Avenue					
	,				
Orlando, FL 32801 City/State and Zip Code					
	sloci E-mail address: (khart@kelattorneys.com to be used for future annual report notific	cation)		
For further information of	concerning this matter, please of	call:			
	en J. Lockhart	at (407) Area Code & Daytime	513-1900		
Nane	11 1 013011	Area code de Dayinne	receptione (vanioe)		
Enclosed is a check for t	he following amount:				
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

THE BUCKETHE	AD SHOW, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	were filed on03/08/	2011 and assigned	
Florida document number <u>L11000028849</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
BS Entertain	ment, LLC		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	4326 New Broad Stree	et 👼 🚤	
(Principal office address MUST BE A STREET ADDRESS)	#206		
	Orlando, Florida 32814	4 5 5 4	
Enter new mailing address, if applicable:	4326 New Broad Stree		
(Mailing address MAY BE A POST OFFICE BOX)	#206		
	Orlando, Florida 32814	4 9 F	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		s, enter the name of the new	
	Enter Florida street address		
	, F	lorida	
	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 Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> **Address** <u>Name</u> ___ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 22 2011 Dated Signature of a member or authorized representative of a member Jason M. Bailey Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00