## L11000041473

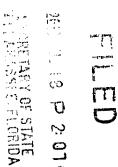
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S Warren
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## COVER LETTER .

T		egistration S ivision of Co		•		
C)	መ ነው ም		tainment & Restaurants, LLC			
Name of Limited Liability Company						
T	he enclos	ed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
P	lease retu	rn all corresp	ondence concerning this matter	to the following:		
			Dr. Russell Bain			
				Name of Person		
			ME Entertainment			
Firm/Company						
			11742 North Dale Mabry	Hwy		
	Address					
			Tampa, FL 33618			
				City/State and Zip Code		
			bucsfan720@aol.com			
				to be used for future annual report notif	ication)	
Fc	or further	information o	concerning this matter, please c	all;		
Dr. Russell Bain				727 992-5298 at ()		
		Name o	of Person	Area Code Daytime	Telephone Number	
En	closed is	a check for th	he 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

ME ENTERTAINMENT & RESTAURANTS, LL			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number L11000041473	any were filed on Apr	il 6, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	lability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address h  Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
•		, Florida	Zip Code
No. D. Le cold and Company of the Co	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officers.	 agree to act in this co ete performance of r as provided for in Cl	ny duties, and I am fa hapter 605, F.S. Or, ij	miliar with and this document is
company has been notified in writing of this change.	ce auaress, 1 nerev	congress that the time	amount of the state of the stat
īfC	hanging Registered Age	nt, Signature of New Regi	stered Agent
Pag	ge 1 of 3	TOF ST	ت و ت و

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Nanie</u>	Address	Type of Action
AMBR	GONEN MINUSKIN	11742 N. DALE MABRY	
		TAMPA, FL 33618	■ Remove
			☐ Change
AMBR	RUSSELL BAIN	6121 FJORD WAY	■ Add
		NEW PORT RICHEY, FL 34652	□ Remove
		☐ Change	
			D Add
		☐ Remove	
			Change
			Add
			□ Remove
			☐ Change
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If amendin	g any other inf		ter change(s) h	e <b>re:</b> (Attach add	itional sheets, if	necessar	y.)	
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the record : The 90th	specifies a de n day after the	layed effecti e record is fi	ive date, but r iled.	not an effective	e time, at 12:	01 a.m.	on the	earlier of:
Dated	(vl7	6 7	<u> </u>	$\mathcal{A}_{\mathbf{a}}$		<i></i>	ලක ලක 	ezendinek <sup>k</sup>
<u></u>	· · · · · · · · · · · · · · · · · · ·	Signature	of a member or au	thorized representati	ve of a member	100		1 } 
		$\mathbb{R}$	orell Typed or pri	Red name of signee	fn ·	SAY OF	∞ 	
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Filing Fee: \$25.00