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T. HAMPTON Jul -62011 EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Robin Lym Name of Person
	NR Entertainment
	200 West Are #329
	Miami Beach, FL 33139
	City/State and Zip Gode  Cobin an Nentertain ment. Com  E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
	Robin hym at (202, 528 8450)  Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>∑</b> \$25	.00 Filing Fee Solution Status Solution Filing Fee Solution Status Solution Filing Fee Solution Solution Status Solution

### **MAILING ADDRESS:**

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon 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 -5 PM 3:36

NR ENTER	TAINMENT, LLC	
(Name of the Limited Liabil	lity Company as it now appears or la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on	0/29/// and assigned
Florida document number <u>H   0000756</u>	77	and assigned
Florida document number	<u>' '</u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		
• • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
D. If amonding the projectional array and for	*-4	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our ldress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	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 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 = Ma	naging Member		
Title #	Name	Address	Type of Action
MGR	Kobin Lyon	1200 Wed Ave #329 Miami Beach, FL 33/38	Add Remove
			Add Remove
			Add Remove
			Add Remove 
			Add Remove
			Add Remove
D. If amendin	g any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY CON OF CON
Dated	Roli Lyn		Y OF STATE CORPORATIONS
		or authorized representative of a member or printed name of signee	

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Filing Fee: \$25.00