

2012-07-20 11:30

Division of Corporations

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L11000092714

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000186853 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PANAGOS & ASSOCIATES CPAS LLC
Account Number : I20120000043
Phone : (954) 389-1179
Fax Number : (954) 389-2841

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

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2012 JUL 20 AM 10 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
XM EVENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

A. LUNT

JUL 23 2011

EXAMINER

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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H120001868533

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

XM EVENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/12/2011
Florida document number L11000092714

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

540 N. ANDREWS AVENUE

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

540 N. ANDREWS AVENUE

FORT LAUDERDALE, FL 33301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

540 N. ANDREWS AVENUE

Enter Florida street address

FORT LAUDERDALE

Florida

33301

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

H120001868533

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF STATE
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Date: July 18, 2012

X

Signature of a member or authorized representative of a member

MICHAEL LEVITT

Typed or printed name of signer

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Filing Fee: \$25.00

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