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(Document Number)				
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SLUCTIARY OF STATE
ANASSEE, FLORIDA

D. BRUCE FEB 0 9 2012

EXAMINER

## **COVER LETTER**

Division of Corpor	orations	
SUBJECT:	ENTERTROPOLY LLC	
	Name of Limited Liability Company	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all corresponde	lence concerning this matter to the following:	
	TOA OVIES  Name of Person	
	Name of Person	
	IDA OVIES CRA PA	
	Firm/Company	
	3785 NW 82 Ave #302	
	Address	
	City/State and Zip Code  idaovies & bellsowth net  E-mail address: (to be used for future annual report notification)	
•	City/State and Zip Code	로 <sub>의</sub>
_	idaovies a bell south net	
	E-mail address: (to be used for future annual report notification)	THE OF
For further information conc	cerning this matter, please call:	₹ co 1
	20= 1/2- 6720	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ida Ovie		W. 103
Name of Te	Area code & Daytime Telephone Number 2	<b>1 9</b>
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &

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

INTERTY	ROPOLY LLC			
	lity Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	2/12a	nd assigned	
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," 1	the designation "LLC" of	•	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	S. S.	** *******	
Enter new mailing address, if applicable:		Y CO STAT		
(Mailing address MAY BE A POST OFFICE BOX)		<b>→</b>		
B. If amending the registered agent and/or regregistered agent and/or the new registered office and Name of New Registered Agent:		ecords, <u>enter the na</u>	nme of the new	
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 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

<u>Title</u>	Name	Address	Type of Action
MGR	MINA, OSCAR	2609 COLLINS ANE MIAMI BEACH FZ 33/40	Add Remove
			Add ☐ Remove
<del></del>	<del></del>		Add Remove
<del>-</del>			Add Remove
			Add Remove
		2.	Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary)	FEB-8
_		TCORDA	
 	2/04/ , 2012	2	_
	<del>-</del>	or authorized representative of a member	
	EQUA Typed o	PROOFEREZ - ORIVE MC	<u> </u>

Page 2 of 2

Filing Fee: \$25.00