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Office Use Only



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COVER LETTER

Division of Co					
SUBJECT:		NTS GROUP LUC ted Liability Company			
	of Amendment and fee(s) are subcondence concerning this matter	mitted for filing.			
	SEAN	MURRAY Name of Person			
	MIAMI EU	ENTS GROUP U Firm/Company	C ALLAHASE	2012 SEP	7
	700 NE	73 STREET Address	SEEF FLOR	2012 SEP =4 PH 🖢 €	
		L, 33138 City/State and Zip Code MIEUENTS GROUP. o be used for future annual report notifica		**	
For further information	concerning this matter, please c	all:			
SEAU MU Name	RRAY of Person	at (305) 546 70 Area Code & Daytime T	→ S Felephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i		
MAII	LING ADDRESS:	STREET/COURIE	R ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI EVENTS	GROUP LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)				
() I				
The Articles of Organization for this Limited Liability Company w	vere filed on 01 26 2012 and assigned				
Florida document number <u>L1200012470</u> .	•				
·					
This amendment is submitted to amend the following:					
•	Per 2				
A. If amending name, enter the new name of the limited liabili	ity company here:				
	#65 9 1				
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "Lie" or the abbreviation				
"L.L.C."	∰ 2 II				
Enter new principal offices address, if applicable:	700 NE 73 STREET D				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL, 33138				
Enter new mailing address, if applicable:	700 NE 73 STREET				
(Mailing address MAY BE A POST OFFICE BOX)	MIAHL, FL, 33138				
Intuiting dualess MAT DE ATOST OFFICE DOM	PIMPEL 1 2 / 351 56				
B. If amending the registered agent and/or registered offic	ce 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: Enter Florida street address					
	Emer Fioriaa street adaress				
	, 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add A
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	F P P P P P P P P P P P P P P P P P P P
	28/29/10		
DatedC	Signature of a member	er or authorized epresentative of a member	
	Турес	SEAN MURRAY d or printed name of signee	

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Filing Fee: \$25.00