L12000026401

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				





500231600835

05/03/12--01036--003 **55.00

IC HAT -3 AM II: 58 SECRETARY OF STATE

N Cultion MAY - 7 2012

COVER LETTER

Division of Co	·
SUBJECT:	King Rains Enterkilment, LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Andrew J. Gersen, Esq. (risistered agent) Name of Person
	Law offices of Andrew J. Garson Firm/Company
	2650 Bisaune Blud.
	Address
	Miami, FC 33137
	City/State and Zip Code
	Miawi, FC 33137 City/State and Zip Code 9H 49er 504 (9) Gol. com E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Andreu	of Person at (305) 573-9746 Area Code & Daytime Telephone Number
Name	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 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

FILED 12 MAY -3 AMII: 53

(Name of the Umited Liability Comp (A Florida Limited	Entertainmo	TALEAHASSEE FLORIDA
(A Florida Limited (A Florida Limited)	Liability Company)	ecorus.)
The Articles of Organization for this Limited Liability Compan Florida document number <u> </u>	y were filed on <u>03/09</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
	NA	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	- VIE	Υ
(Principal office address MUST BE A STREET ADDRESS)		
	11 ()	
Enter new mailing address, if applicable:	10 (17)	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ds, enter the name of the new
	10	
Name of New Registered Agent:	M IX	
New Registered Office Address:		
	Enter Florida	street address
		Florida Zip Code
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>nbrm</u>	Fred H. Ba	ins 1844 N. No Plantation,	6 RJ. # 131 Add
			Add Remove
			Add Remove
	, , , , , , , , , , , , , , , , , , , 		Add Remove
			AddRemove
			AddRemove
D. If amei	nding any other information	ı, enter change(s) here: (Attach addit	onal sheets, if necessary.)
 		. , [A	FILE 12 MAY -3 SECILIANASSER ALLANASSER
Dated	April 30	c. Waln_	TEOMORE STATE
	Signati CXVS&	ire of a member or authorized representati	ve of a member

Page 2 of 2

Filing Fee: \$25.00