L12000 100201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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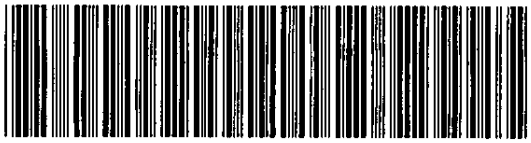

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15 AUG 10 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

J SHIVERS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CHOICE FILMS ENTERTAINMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Smith
Name of Person

FMS Lawyer PL
Firm/Company

9900 Stirling Road, Suite 226
Address

Cooper City, Florida 33024
City/State and Zip Code

frank.smith@fmslawyer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Smith at (954) 985-1400
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee
☐ $30.00 Filing Fee & Certificate of Status
☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ $60.00 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

CHOICE FILMS ENTERTAINMENT 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 August 2, 2012 and assigned Florida document number L12000100201.

This amendment is submitted to amend the following:

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

4 ENTERTAINMENT GROUP, LLC

The new name must be distinguishable and contain 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)

9204 NE 10TH AVENUE
MIAMI SHORES, FLORIDA 33138

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9204 NE 10TH AVENUE
MIAMI SHORES, FLORIDA 33138

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: FRANK SMITH, ESQ.

New Registered Office Address: c/o FMS LAWYER PL, 9900 STIRLING ROAD, SUITE 226
Enter Florida street address

COOPER CITY, **Florida** 33024
City *Zip Code*

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TALLAHASSEE, FLORIDA

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	FRANK SICOLI	9204 NE 10TH AVENUE	■ Add
		MIAMI SHORES, FL 33138	☐ Remove
			☐ Change
MGR	SUMMER CROCKETT MOORE	25 68TH STREET	☐ Add
		GUTTENBERG, NJ 07093	■ Remove
			☐ Change
MGR	TONY GLAZER	25 68TH STREET	☐ Add
		GUTTENBERG, NJ 07093	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

15 AUG 10 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the **document's effective date on the Department of State's records.**

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 5, 2015.

Frank Sicoli

Signature of a member or authorized representative of a member

FRANK SICOLI, MEMBER

Typed or printed name of signee

Filing Fee: $25.00