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B. BOSTICK

OCT 16 2012

EXAMINER

COVER LETTER

	ation Section of Corpora					
SUBJECT:		Hollyward B	Entertainment, LLC			
-						
The enclosed Art	icles of Ame	endment and fee(s) are su	bmitted for filing.			
Please return all	corresponder	nce concerning this matte	r to the following:			
			Name of Person			
Hollyward Entertainment, LLC Firm/Company 1265 South Flagler Avenue, Suite 217 Address						
			Firm/Company			
		1265 So	uth Flagler Avenue, Su	ite 217		•
			Address			
		Por	mpano Beach, FL 3306	50		
	_				***************************************	
	_	Hollywar	dEntertainment@GMa	il.com		
		E-mail address: (to be used for future annual repor	rt notification)	Ā	
For further inform	nation conce	rning this matter, please	call:		.L.87 24.28	200
	Geoffr	ey Ward	at (954)	907-3890		bester - m
	Name of Per	son	Area Code & I	Daytime Telephone No	umber	NCTOK LATA
					A.S.	, w
Enclosed is a che	ck for the fo	llowing amount:				က္ က်
\$25.00 Filing	Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &		00 Filing Fee,	
		Certificate of Status	Certified Copy (additional copy is en	closed) Cer	tificate of Status of	
				(ade	ditional copy is er	iciosea)

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

Hollyward Ente	rtainment, LL	_C			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	a <mark>ny as it now appe</mark> a Liability Company)	irs on our records.)			
,	• • •				
The Articles of Organization for this Limited Liability Company	y were filed on	August 9, 2012	_ and assigned		
Florida document number L12000103039					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	<u>ere</u> :			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	pany," the designation "LLC	or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	,		
			8		
		9947 6 947 6 94 7 94 7	20		
Enter new mailing address, if applicable:		υ. π.	The CO I		
(Mailing address MAY BE A POST OFFICE BOX)					
		C	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3		
			5 m S		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter the	name of the ne		
registered agent and/or the new registered office address ne	<u>re</u> :				
Name of New Registered Agent:					
New Pagistered Office Address:					
New Registered Office Address: Enter Florida street address					
	. Florida				
•	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		•		

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 **Type of Action Title** <u>Name</u> <u>Address</u> Laura Forster MGR 2640 Hollywood Blvd. #100 ☐ Add Hollywood, FL 33020 Remove **Geoffrey Ward** MGR 1265 South Flagler Avenue, #217 ✓ Add Pompano Beach, FL 33060 Remove □ Add Remove ∏ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 6 2012 Dated Signature of a member or authorized representative of a member Geoffrey Ward Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00