Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : MARCELL FELIPE, P.A.

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Email Address: nmunoz@marcellfelipe.com

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EXAMINER

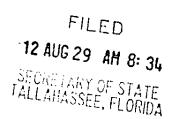
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



IŞLA SPECIAL	EVENTS LL	.C	
(Name of the Limited Liability Compa (A Florida Lunned)	ny as it now aones Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	08/24/2012	and assigned
Florida document numberL12000109006			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company be	re:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	1001 Brickell Bay Dr.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 1800		
	Miami, FL 3:		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	# 4 mary		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	F	nier Florida street add	ress
, 18 1.	City	Florida	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

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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						
Title	Name	Address	Type of Action			
**************************************			F"" h			
	· · · · · · · · · · · · · · · · · · ·		Add Remove			
			— •			
	****		Remove			
			AddRemove			
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if a	ecessary.)			

Dated	August 29	Marcell f	SECONDAS FILMASS			
	Signature of a	Marcell Felipe, Esq. Typed or printed name of signee				
		Page 2 of 2	8: 34 STATE LORID			
		Filing Post \$25.00	Sul E			

Filing Fee: \$25,00