

L12000122822

(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:

Office Use Only



700241512797

11/09/12--01011--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2012 DEC - 6 PM 12: 59

C. LEWIS  
Dec 7, 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2012

SHAUNA JONES / CLASSIE ENTERTAINMENT AGENCY  
PO BOX 11561  
ST PETERSBURG, FL 33733

SUBJECT: CLASSIE ENTERTAINMENT AGENCY LLC  
Ref. Number: L12000122822

We have received your document for CLASSIE ENTERTAINMENT AGENCY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00027402

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Classie Entertainment Agency 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:

Shauna Jones

Name of Person

Classie Entertainment Agency

Firm/Company

PO Box 11561

Address

St. Petersburg, Florida 33733

City/State and Zip Code

Shauna @ceatalent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shauna Jones

Name of Person

at ( 727 ) 776-4555

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2012 DEC -6 PM 12: 59

Classie Entertainment Agency 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 September 26, 2012 and assigned  
Florida document number L12000122822.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

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 = Manager

MGRM = Managing Member

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2012 DEC -6 PM 12: 59

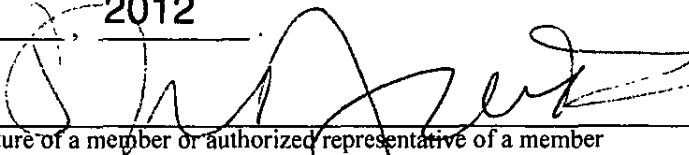
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shauna Jones	4511 North Himes Ave	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2012 DEC -6 PM 11:00

Dated November 1, 2012

X 

Signature of a member or authorized representative of a member

**Jennifer McDonald**

Typed or printed name of signee

Page 3 of 3

L12000122822 Filing Fee: \$25.00