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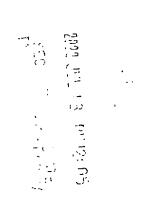
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AJL 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:
AMRUN LARA Name of Person
AJL Ententaument LLC. 5
12601 NW 22 AVR
MiAmiful 33167 City/State and Zip Code
AJLEnterta: Nment 1 C @ Gmoil. Com E-mail address: to be used for inture annual report notification)
For further information concerning this matter, please call:
Anlubi (asa at (786) 431-9048 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status ☐ 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lia	ompany as it now appears on ou	r records.)
The Articles of Organization for this Limited Liability Com	O	$\frac{\sqrt{04/2013}}{2013}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		1, 22
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		(0)
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida stree	t 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 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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
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effective date is list e: If the date ins	ther than the date of ted, the date must be speci erted in this block does date on the Departmen	ific and cannot be prior s not meet the applica	to date of filing or mor able statutory filing	(option than 90 days after the requirements, this	nal) iling.) Pursuam date will not	to 605.026 be listed a
filed.	elayed effective date, b					
. 57/	05/200	e of a member or autho				
d <u> </u>		//				

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