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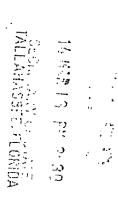
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J. Shithers MAR 1 4 2070

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THEATRE CHAT AND THIS N THAT, 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:
Jimmy FERRARO Name of Person
On Stage Entertainment Firm/Company
9432 Ruby FAILS COURT Address
Weeki Wachee, FL 34613 City/State and Zip Code
Theatre avy 2013 Dyghoo, com E-mail address: (1) be used for future annual report hotification)
For further information concerning this matter, please call:
TIMMY FERRARO at (727) 457-7768 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number <u>L130000 33 068</u> This amendment is submitted to amend the following: WITH CAPITAL 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: Enler Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

Aumorn	ad Member	Deing adde	a or remove	<u> </u>	. 44 0		
MGR =	Manager	•	r			•	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
•	
	(
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and car the date this document is filed by the Florida Department of State)	(optional) unot be more than 90 days after
Dated $3/10/2014$,	
7	
Aming der	Carr
Signature of a member of authorized represent	ative of a member
JIMMY FE	RRARO
Typed or printed name of sign	ee

Page 3 of 3

Filing Fee: \$25.00

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