

L13000071912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

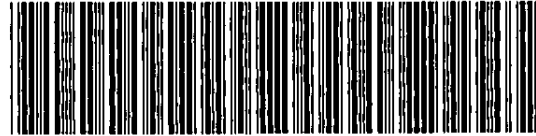
(Document Number)

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2013 JUN 28 AM 8:10
DEPT. OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUL - 1 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 644250 7938415

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 9, 2013

ORDER TIME : 5:17 PM

ORDER NO. : 644250-011

CUSTOMER NO: 7938415

DOMESTIC AMENDMENT FILING

NAME: DMD EVENT GROUP, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

FILED
2013 JUN 28 AM 8:10
CLERK OF STATE
OFFICE OF THE CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DMD EVENT GROUP, 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 05/16/2013 and assigned
Florida document number L13000071912

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 "LLC."

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

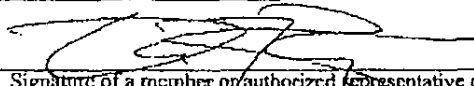
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DEREK GRAY	10009 MAPLE TREE RD	<input type="checkbox"/> Add
		SANTEE, CA 92071	<input checked="" type="checkbox"/> Remove
MGRM	SPANGLER EVENT PRODUCTION, INC	5162 FOOTHILL BLVD	<input type="checkbox"/> Add
		SAN DIEGO, CA 92109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated June 12 2013



Signature of a member or authorized representative of a member

DAVID POTSUBAY

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
JULIA A. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMD EVENT GROUP, 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 in the following:

David Potsubay
Name of Person
DMD EVENT GROUP, LLC
Firm/Company
507 S. Prospect Ave.
Address
Clearwater, FL 33756
City/State and Zip Code
david.potsubay@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Potsubay at (702) 219-2658
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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THE OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

FILED