# L14000035899

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	SEP 1 & ZOTE
	A. LUNT
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Xtreme Auto Shows, 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:

# Mark DiBenedetto Name of Person

Firm/Company

508 Sapphire Lane

Address

Ocala, FL 34472

City/State and Zip Code

bigcountryentertainment@yahoo.com

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

For further information concerning this matter, please call:

## Mark DiBenedetto

<sub>"/</sub>352、5123319

Name of Person

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:

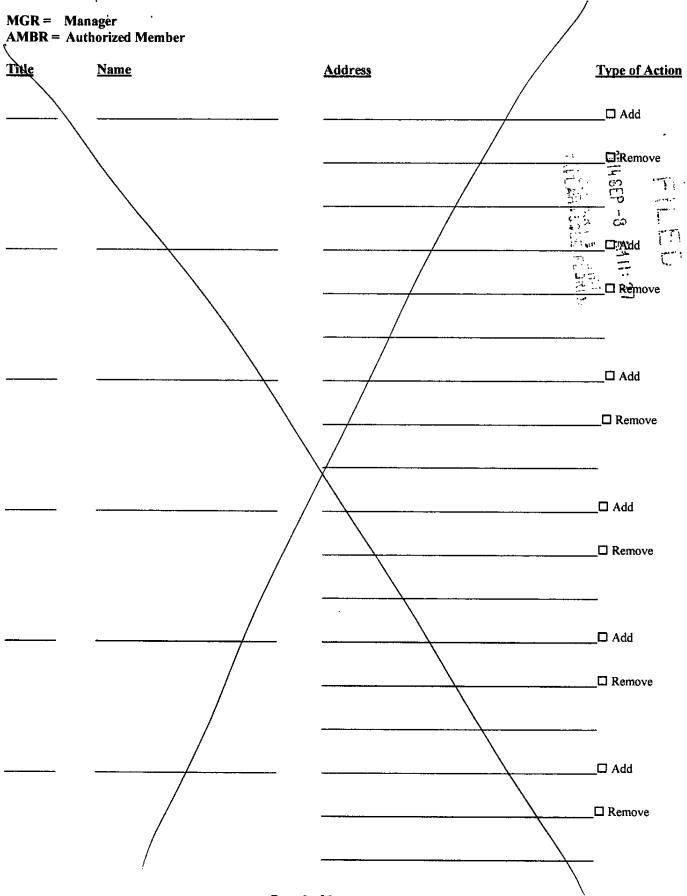
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atterne Auto Snows, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records,)	28
(	y company,	The state of the s
The Articles of Organization for this Limited Liability Company	were filed on 03/04/2014	and assigned
Florida document number L14000035899		1 00
This amendment is submitted to amend the following:		The state of the s
A. If amending name, enter the new name of the limited liabi	lity company here:	ψ. ω
Big Country Entertainment, LLC		14 T
The new name must be distinguishable and end with the words "Limited Liabi	lity 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)		
(Frincipal office utatess MOST BE A STREET ADDRESS)		
	<b></b>	
Enter new mailing address, if applicable:	508 Sapphi	re Ln
(Mailing address MAY BE A POST OFFICE BOX)	Ocala fi	
	Docala fil	34472
B. If amending the registered agent and/or registered off		enter the name of the new
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
Name Descriptored Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
New Decistered Access Clauseton Children Decision 14	Chy	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is
If Chang	ging Registered Agent, Signature of N	lew Registered Agent

Page 1 of 3

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



, •°		mation, enter change(s) here: (Attach additi	, ,
· '	'		
	• •		
(The effective	date must be specific, o	the date of filing:  cannot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
		e Florida Department of State)	
Dated Se	eptember 5t	th 2014	/
	// //		
	/V/20/6	2 Destato	- 1
	/V/	Signature of a member or authorized representative	e of a member
	Mark DiBer	nedetto	e of a member
	Mark DiBer	-	e of a member
	Mark DiBer	nedetto	
	Mark DiBer	nedetto	e of a member

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Filing Fee: \$25.00