L14000040053

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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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SECHELARY OF STATE

SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor				
Azuree Tal	ent Agency, LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Andrea Taylor			
		Name of Person		
	Azuree Talent Agency, Inc	<i>.</i> .		
	Firm/Company			
	618 E. South St. Suite 500			
		Address		
	Orlando, FL 32801			
		City/State and Zip Code		
	andrea@azureetalent.com	16 8		
For first or information		to be used for future annual re	port nonneation)	
	concerning this matter, please c			
Andrea Taylor			5025 x801 Daytime Telephone Number	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat sed) Certified	te of Status &
Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	Registratio Division of Clifton Bui 2661 Exect	f Corporations	SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L. (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number L14000040053	lity Company were filed on March 10, 2014 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
ATA Entertainment Group, LLC.	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	X)
R 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	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	, 1501000
	City Zıp Code
New Registered Agent's Signature, if changing Regi	

If Changing Registered Agent, Signature of New Registered Agent

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	Address Type of A	Type of Action
			□ Add
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change
		☐ Remove	
		-	☐ Change
			□ Add
			SECRETARY OF STATE Remove Character of Control Remove Add 1:50 Remove FAILAHASSEE, FLORIDA
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Filing Fee: \$25.00