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(Re	questor's Name)	
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SEP 10 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corpora		
SUBJECT: Stox	M Group Entertain Ment, LLC Name of Limited Liability Company	•
	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
-	Haley Evans Name of Person	
	Storm Group Entertainment, LLC Firm/Company	
	932 Laurel RD	
	North Palm Beach, FL 33408-	
	Storm groupent a gmail. com stranil address: (to be used the flutture annual reprostructification)	
-	Bumiladdess: (to be used the dittic annual open chentifeation)	
For further information conce	rning this matter, please call:	
Haley E. Name of Pe		
Enclosed is a check for the for		
·	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status. Certified Copy, (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Para 62327,
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

(Name of the Limited Liability Company (A Florida Limited Liab	Entertainment	- LLL
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recorded ility Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company w	ere filed on TUNE 1	8, 7015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM 8: 36
-		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address nere:		s, enter the name of the new
Name or New Registered / Regist		
New Registered Office Address:	Femres Flooi dawstreet ruldtre	755
		lorida Zin Code
	Ciţv	4p Coae

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

I hareby accept, the appointment as registered agent, and agree to act, in this requestry. 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 filled to make broadcast, a charge in the registered office address. I have by confirm that the limited liability common it is seen nowined in wrung of this circuma.

If Changing Registered Agent, Singature 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 = M $AMBR = A$	lanager Luthorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
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	her than the date of ted, the date must be spec				(optional) avs after filing.) F	Pursuant to 60
: If the date ins	erted in this block doe	es not meet the ar	plicable statuto			
ment's effective	date on the Departme	ent of State's reco	oras.			
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Filing Fee: \$25.00