

From: TAVARES LAW
12/17/2015

Fax: (407) 901-5566

To:

Fax: (850) 617-6383

Page: 1 of 1 12/17/2015 10:03:10

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAVARES LAW PA
Account Number : I20150000095
Phone : (407)901-7556
Fax Number : (407)901-7558

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DMX PARTICIPATIONS LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMX PARTICIPATIONS 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 08/24/2015 and assigned
Florida document number L15000144960

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5950 LAKEHURST DRIVE, SUITE 201

(Principal office address **MUST BE A STREET ADDRESS**)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

5950 LAKEHURST DRIVE, SUITE 201

(Mailing address **MAY BE A POST OFFICE BOX**)

ORLANDO, FL 32819

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 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.

If Changing Registered Agent, Signature of New Registered Agent

H15000298008 3

H15000298008 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	MARIN, DANIEL A	5950 LAKEHURST DRIVE,	<input checked="" type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
MBR	Monteiro da Silva, Elen I.	5950 LAKEHURST DRIVE,	<input type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
VP	Monteiro da Silva, Elen I.	5950 LAKEHURST DRIVE,	<input type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
PT	MARIN, DANIEL A	5950 LAKEHURST DRIVE,	<input type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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