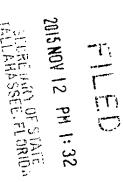
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K.SALY EXAMINER NOV 16 2015

COVER LETTER

Div	ision, of Corpo	rations		
SUBJECT:	Global Entert	ainment Management Group	, LLC	
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Lorne A. Wray		
			Name of Person	
		Global Entertainment Man	agement Group, LLC	
			Firm/Company	
		11000 Prosperity Farms Ro	oad, Suite 302	
			Address	
		Palm Beach Gardens, FL3	3410	
		lornewray@yahoo.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notifi-	cation)
For further in	nformation con	cerning this matter, please ca	all:	
Lorne A. Wi	-		561 405-1309 at () Area Code Daytime	Telephone Number
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	îling 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:

TO:

Registration Section

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



TO ARTICLES OF ORGANIZATION **OF**

FILED

Global Entenainment Management Group, LLC		12 PM .
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	sords.) TALLAR LARY OF
(Name of the Limited Liability Com (A Florida Limite the Articles of Organization for this Limited Liability Comparation document number L15000152493	ny were filed on	and assigned 0,
his amendment is submitted to amend the following:		
4. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>, , , , ,</u>	
Principal office address MUST BE A STREET ADDRESS)	, <u></u>	
	 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		ords, enter the name of the
New Registered Office Address:	Enter Florida street add	dress
		, Florida
	City	Zip Code
lew Registered Agent's Signature, if changing Registered Agen	<u>1t:</u>	
hereby accept the appointment as registered agent and ag		
	gree to act in this capacity. I	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Keisha R. Perry	600 West Peachtree Street, Suite 15	
		Atlanta, GA 30308	■ Remove
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Page 3 of 3

Filing Fee: \$25.00