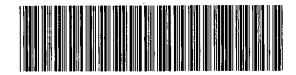
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(Re	questor's Name)	
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COVER LETTER * * * *

	Registration Se Division of Cor			₩.
cub uca	Azzur Ente	rtainment LLC		
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Nelson B Aiyelabowo Sr.		
			Name of Person	
		Azzur Entertainment		
			Firm/Company	
		8351 Sands Point Blvd A3	01	
		<u> </u>	Address	
		Tamarac Fl 33321		
			City/State and Zip Code	
		Nelson@azzurentertainmen		
		E-mail address: (to be used for future annual report notif	lication)
For furth	er information c	oncerning this matter, please ca	all:	
Nelson A	Aiyelabowo		718 7817705	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

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

Azzur Entertainment 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 Florida document number L15000159723 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: anter trioriaa street aaaress The state of the s

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 summes relative to the proposation performance of my darkes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, it.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 oven nonlinearn writing of this change.

If Changing Darletaned & cont Cianature of Mary Darletaned & con-

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>	Address	Type of Action
AMBR/N	Washington Cassandra	8351 Sands Point Blvd	
		Tamarac, FL 33321	■ Remove
			Change
MGR	Samuel Popoola	9946 Nob Hill	
		Miami, FL 33348	
			☐ Change
MGR	Halima Jordan	787 Lexington Avenue	
1		Brooklyn, NY 11213	■ Remove
			☐ Change
MGR	Henry Nwarache	8351 Sands Point BLVD	□ Add
	,	Tamarac FL 33321	■ Remove
			Change
MGR	Steel Swaison	1248 Blake Ave	
		Brooklyn, NY 11208	■ Remove
			☐ Change
			⊔ Add
			☐ Change

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		- Martin and American		
				
tive date, if o	ther than the date of i	filing: 9/18/2015	(optional)	
ffective date is lis	sted, the date must be specifi	ic and cannot be prior to date of filing or s	more than 90 days after filing.)	Pursuant to 605.0207 (3)(
	e date on the Department	not meet the applicable statutory filit of State's records.	ng requirements, this date v	/III not be listed as the
cord specific	es a delaved effecti	ve date, but not an effective	time, at 12:01 a.m. o	n the earlier of:
	ifter the record is fi			
		2016		
	,	2015 		
September 23			/	
September 23	V	la VI		
September 23	Sizza di vici	of a member or authorized representativ	se of a member	

Page 3 of 3

Filing Fee: \$25.00