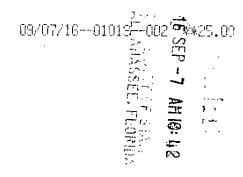
116000056316

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
(Oity/State/21p/ Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooding to the Cooking to the Cooki
Codifical Courses
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



600289896676



DEPARTMENT OF STAL

SEP 0 7 2016 Y SULKER

COVER LETTER

	00.21(222-22	<u> </u>
TO: Registration Section Division of Corporations		TELEVISION NETWORKS
SUBJECT: HIP HOP ENTERT Name of Lim	TAINMEN TEASHISM	0080
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	•	
		·
	Name of Person	
Michael	A Bernard SR. Firm/Company	
10004 N	Address	
tampa	FL 336 12 City/State and Zip Code	<u>. </u>
M: Chacles:	(to be used for future annual report notification)	com
For further information cone many, this matter, please c	call:	
Michael Bernard	at (727) 244-00 Area Code Daytime Telephone	
Enclosed is a check for the following amount:		
\$25,00 Filing Fee \$\overline{\text{Certificate of Status}}\$	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, fertificate of Status & fertified Copy dditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hip Hop Ewtertain M (Name of the Limited Liability Company a (A Florida Limited Liability Company a (A Florida Limited Liability Company a (A Florida Limited Liability Company a	as it now appears on our records.) Company)	Glob A Tole Vis	<i>i</i> €7(
The Articles of Organization for this Limited Liability Company we	re filed on MACCH 18	201 band assigned	
Florida document number <u>L16</u> 000056 3(6)			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y 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:	·		
(Principal office address MUST BE A STREET ADDRESS)			
<u> </u>			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
		·	•
		and the same of th	
B. 1: agrending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records,	enter the name of the new	
			·
Name of New Registered Agent:		200	
New Registered Office Address:		5 5 5	
	Enter Florida street address	- FO	
	, Flori		
	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

AMBR = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
MAGOZ	- FRANKS CUTE!	1000 4 N 17th ST.	TAMPH FLO Add
			Remove
	·		☐ Change
ice poesi	dev) DANIEllE LAFON	ITANT 10004 N 17thst	Tom po FZ BAdd
•	· .	33612	☐ Remove
•			□ Change
. ,			
		·	□ Remove
•			Change
	•		Add 5
			Remove
			Change
			☐ Remove
			☐ Change
		· · · · ·	Add
			Remove
			_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

					· · · · · · · · · · · · · · · · · · ·					_		
							*			_		
												
						·				-		
								 _	-			
		-					`. 					
- 1												
												
						. —						
. —							·					
**	<u></u>			,		_,						
	<u> </u>			<u>.</u>					·			
	·		<u>.</u>									
											<u> </u>	 65
			•	•	:	,						_SEP
		· · · · · ·	,		 :						20 7 20 7 20 7	1
fective	date, if oth	er than the	dațe of f	īling: <u>≤</u>	ept		2016		(optio	nal)	man.	200
ote; II (the date inser	ted in this bl	ockidoes i	not meet t	the appli	cable stati	f filing or mor utory filing	e than 90 requiren	days after nents, this	filing.) P date wi	il <mark>ab</mark> t pe	listed
ocument	t's effective d	late on the D	epartment	of State'	s record	S.					11.5	င်း
e recor	d specifies	a delave	d effectiv	ve date	hut n	ot an ef	fective tir	me af	12·01 a	, m. or	the e	arliar
The 90	Oth day aft	er the rec	ord is fil	led.	, but fi	or an or	1001140 111	,, 0, 01	12.01 4	.111. 01	1 1110 0	ar iici
				,		· ·						
ated	 ,,-											

Page 3 of 3

Filing Fee: \$25.00