

116 0000 63079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

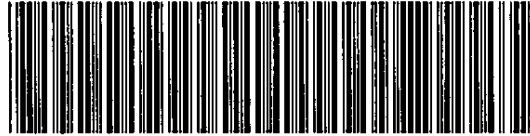
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
AUG 2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IAM ENTERTAINMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER A. DISCHINO, ESQ.
Name of Person

DISCHINO & SCHAMY, PLLC
Firm/Company

4770 BISCAYNE BLVD. SUITE 1280
Address

MIAMI, FLORIDA 33137
City/State and Zip Code

CHRISTOPHER@DSMIAMI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER A. DISCHINO, ESQ. 786 581-2542
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 (additional 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IAM ENTERTAINMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/29/2016 and assigned Florida document number L16000063079.

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:
(Principal office address MUST BE A STREET ADDRESS)

4770 BISCAYNE BLVD., SUITE 1280

MIAMI, FLORIDA 33137

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4770 BISCAYNE BLVD., SUITE 1280

MIAMI, FLORIDA 33137

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:

DISCHINO & SCHAMY, PLLC

New Registered Office Address:

4770 BISCAYNE BLVD., SUITE 1280

Enter Florida street address

MIAMI

City

, Florida 33137

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

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> |
|--------------|-------------------|----------------------|--------------------------------------------|
| MGR | JULIEANNA GODDARD | 4770 BISCAYNE BLVD. | <input checked="" type="checkbox"/> Add |
| | | SUITE 1280 | <input type="checkbox"/> Remove |
| | | MIAMI, FLORIDA 33131 | <input type="checkbox"/> Change |
| AR | COLBY HAMMOND | 690 SW 1ST COURT | <input type="checkbox"/> Add |
| | | PH1-01 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FLORIDA 33130 | <input type="checkbox"/> Change |
| AR | IMANI SIMMONS | 690 SW 1ST COURT | <input type="checkbox"/> Add |
| | | PH 101 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FLORIDA 33130 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 27, 2016.

X Julieanna Goddard
Julieanna Goddard (Jul 27, 2016)
Signature of a member or authorized representative of a member

JULIEANNA GODDARD
Typed or printed name of signee