# L16000079828

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	5/31
W16 - 3	32.79	

Office Use Only



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Please ree the new LLC
Mame attached.

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2016

INNER CIRCLE ENTERTAINMENT, LLC ATTN: MARC HOGAN 9960 ASHBURN LAKE DR. TAMPA, FL 33610

SUBJECT: INNER CIRCLE ENTERTAINMENT, LLC

Ref. Number: L16000079828

We have received your document for INNER CIRCLE ENTERTAINMENT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000009048, INNER CIRCLE, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 116A00009498

#### **COVER LETTER**

Division of Corpo	rations		
SUBJECT:I	NNEA CIBCLE E.	NTERTAINMENT. I.I.C	
:	Name of Limi	NTERTAINMENT, LLC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Marr	Name of Person	
		Name of Person	
	Tura	<b>.</b>	
	INVERCI	ACLE ENTERTAINMEN Firm/Company	T, UC
	9960 Ashbur	Address	
		Address	
	Tumas Ed.	776/0	
		376/0 City/State and Zip Code	
	marchogan	309mil. Com to be used for future annual report notifie	
	E-mail address: (1	to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	all:	
Marc Hosan		at (813) 784-	4028
Name of I	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

TO:

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

INNER CIRCLE	ENTERTAINMENT, LLC
( <u>Name of the Limited</u> (A	ENTERTAINMENT, LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
	1 122 2016
	ility Company were filed on April 22, 2016 and assigned
Florida document number <u>L16000074828</u>	·
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
	INNER CIRCLE MULTIMEDIA, LLC is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	OX)
	registered office address on our records, enter the name of the new
registered agent and/or the new registered offic	e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

MGR = M AMBR = A	lanager Authorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Filing Fee: \$25.00