

MOD0000000850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

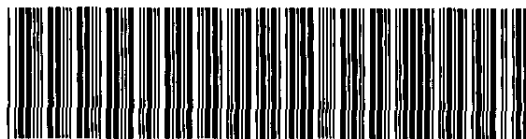
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 10 2012

EXAMINER



000242198340

RECEIVED
DEPARTMENT OF STATE
12 DEC - 7 PM 4: 22

FILED
12 DEC - 7 AM 11: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 444985 4810936

AUTHORIZATION

COST LIMIT \$ 25.00

[Handwritten signature]

ORDER DATE : December 4, 2012

ORDER TIME : 3:07 PM

ORDER NO. : 444985-080

CUSTOMER NO: 4810936

FOREIGN FILINGS

NAME: RAVE MOTION PICTURES
PORT ST. LUCIE, L.L.C.

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Rave Motion Pictures Port St. Lucie, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 05/01/00

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: Carmike Motion Pictures Port St. Lucie, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

David E. Siler
Signature of a member or the authorized representative of a member

Senior VP and Secretary of Sole Member

Typed or printed name of signer

Filing Fee: \$25.00

FILED
12 DEC -7 AM 11:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

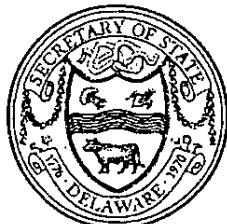
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "RAVE MOTION PICTURES PORT ST. LUCIE, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARMIKE MOTION PICTURES PORT ST. LUCIE, LLC", THE THIRTIETH DAY OF NOVEMBER, A.D. 2012, AT 7:52 O'CLOCK P.M.

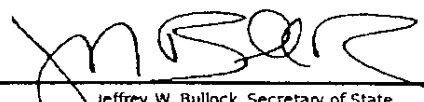
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

3219032 8320

121299858

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0037978

DATE: 12-05-12