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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 01/30/2013

REF. #: 001495.180169

CORP. NAME: SFX-CAMEO OPERATING LLC

- | | | |
|--|--|--|
| ☐ ARTICLES OF INCORPORATION | ☒ ARTICLES OF CORRECTION | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 103732 **FOR \$** 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

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| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
SFX-Cameo Operating LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The limited liability company's application to transact business in Florida indicates that it is member-managed. The limited liability company is manager-managed. The box in Item 8 of the limited liability company's application to transact business in Florida should be checked. The name and usual business address of the manager is as follows:
Tim Clyne, c/o SFX Holding Corporation, 430 Park Avenue, 6th Floor, New York, NY 10022.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: January 30, 2013

Jared Manes
Signature of a member or authorized representative of a ~~member~~

Jared Manes, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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