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Division of Corporations

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MIS000006454

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHOMA ENTERTAINMENT WORLD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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FILED
2015 OCT 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 OCT 20 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SHOMA ENTERTAINMENT WORLD LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000006959

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/31/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SHOMA WORLD ENTERTAINMENT LLC
(must contain "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 contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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.

Signature of the authorized representative

Lauren Vadney, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "SHOMA ENTERTAINMENT
WORLD LLC", CHANGING ITS NAME FROM "SHOMA ENTERTAINMENT WORLD
LLC" TO "SHOMA WORLD ENTERTAINMENT LLC", FILED IN THIS OFFICE
ON THE NINETEENTH DAY OF OCTOBER, A.D. 2015, AT 5:07 O'CLOCK
P.M.



5808191 8100
SR# 20150560121

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10267821
Date: 10-20-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:07 PM 10/19/2015
FILED 05:07 PM 10/19/2015
SR 20150560121 - File Number 5808191

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: SHOMA ENTERTAINMENT WORLD LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name of Limited Liability Company:
SHOMA WORLD ENTERTAINMENT LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 19th day of October, A.D. 2015.

By: 

Authorized Person(s)

Name: Lauren Vadney, Special Manager

Print or Type