

LD9000003861

(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



100152672211

04/27/09--01025--020 \*\*30.00

FILED  
09 APR 27 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 28 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dymon Production Miami 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:

Jerome Berrebi

(Name of Person)

c/o United Americas Shipping Services

(Firm/Company)

2601 S. Bayshore Dr Suite 1110

(Address)

Coconut Grove, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Molina

(Name of Person)

at ( 305 ) 537-0172

(Area Code & Daytime Telephone Number)

09 APR 27 AM 11:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Dymon Production Miami LLC

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

The Articles of Organization for this Limited Liability Company were filed on Jan 12, 2009 and assigned  
Florida document number L09000003861.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Moon Castle Entertainment LLC

The new name must be distinguishable and end with 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)**

2601 S. Bayshore DR. Suite 1110

Coconut Grove, FL 33133

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2601 S. Bayshore DR. Suite 1110

Coconut Grove, FL 33133

**FILED**  
09 APR 27 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ilan Amouyal	2601 S. Bayshore Dr. Suite 1110 Coconut Grove, FL 33133	<input checked="" 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 <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
09 APR 27 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Jerome Berrebi**  
\_\_\_\_\_  
Typed or printed name of signee