## L18000214/33

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2019 FEB 2.7 PH 1:45

## **COVER LETTER**

	on Section f Corporations
SUE	SO BENDITO LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee( $s$ ) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Ivonne Vela
	Name of Person
	BTF MEDIA
	Firm/Company
	95 Merrick way, 3rd floor
	Address
	Miami FL 33134
	City/State and Zip Code IVONNE@BTFMEDIA.COM
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Ivonne Vela	321 5435712
N	at () ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ce ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

SUENO BENDITO LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
L3A Films LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:	ddress, if applicable: 95 Merrick way		
(Principal office address MUST BE A STREET ADDRESS)  3RD FLOOR Miami FL 33134	<del></del>		
	Mianii FL 33134		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3PD ELOOP		
many data et a military and a milita	Miami F1, 33134		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	e: Enter Florida street address	e name of the new	
	, Florida	Zip Cont	
New Registered Agent's Signature, if changing Registered Agent:	•	15 LS	

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each\_person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RICARDO MARTINEZ	95 MERRICK WAY, 3RD FLOOR, MIAMI FL 33134	■ Add
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n effective date is listed, the date must be spote: If the date inserted in this block d	pecific and cannot be prior to d	ate of filing or more the	nan 90 days after filing.)	Pursuant to 605.0207 (3)(t
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record specifies a delayed effe The 90th day after the record i	ective date, but not a s filed.	n effective time	, at 12:01 a.m. (	on the earlier of:
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Filing Fee: \$25.00