## K20000040930

(Requestor's Name)
(Address)
(Address)
(Madress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	•		
SOUTHER SUBJECT:	N FILM VENTURES LLC		· · · · · · ·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WENCESLAO R BAEZ J	R	
		Name of Person	
	SOUTHERN FILM VENT	TURES LLC	
		Firm/Company	<del></del>
	P.O. BOX 144397		
		Address	<del> </del>
	CORAL GABLES, FL 33	114	
	-	City/State and Zip Code	·
	CSENTERPRISESFL@GN		
		to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c	all:	
WENCESLAO R BAEZ JR		786 319-2928	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of Corporations		Division of Cor	porations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L20000040930	Liability Company	wwere filed on FEBRUARY 4, 2020	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 144397	
		CORAL GABLES, FL 33114	
3. If amending the registered agent and/or gent and/or the new registered office addre	• /	address on our records, enter the r	name of the new regis
Name of New Registered Agent:	WENCESLAC	) R BAEZ JR	<del>- ; 23</del>
New Registered Office Address:	12886 SW 132		200
	MIAMI	Enter Florida street address . Florida	45.5
	•	City	33186 Zip Code
New Registered Agent's Signature, if changing	Designand Lyant		· · · · · · · · · · · · · · · ·

New Registered Agent's Signature, il 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	WENCESLAO R BAEZ JR	12886 SW 132 TERR	<b>≡</b> Add
		MIAMI, FL 33186	
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	<del></del>		DAdd
			□Remove
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			Change

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (1905). The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as locument's effective date on the Department of State's records.  The date are a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the distilled.  Detailed Detailed 18th 2021  Signature of a member or authorized representative of a member.		
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Filing Fee: \$25.00

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