L01000002341

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

HOLLYWOOD PAVILION, 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:

JORGE ISAAC, ESQ.

Name of Person

ISAAC & SALGADO-GRONDIN, P.L.

Firm/Company

267 MINORCA AVENUE, STE 100

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

jorge@isglawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Isaac

,305 ,444-70

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

S25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status \$555.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ S60,00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ÁDDRESS:

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

Hollywood Pavilion, L			97.7
(<u>Name of the Lin</u>	(A Florida Limited	any as it now appears on ou Liability Company)	ir records.)
The Articles of Organization for this Limited Florida document number L0100000234	Liability Company	were filed on <u>02/14/</u>	2001 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and end with th	e words "Limited Lial	oility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		c/o Isaac & Salgado Grondin, P.L.	
(Principal office address MUST BE A STREET ADDRESS)		267 Minorca Avenue, Suite 100	
		Coral Gables, F	Florida 33134
Euter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address her	ffice address on our i g: nyer, as Substitu	
	c/o Isaac & Salgado Grondin, 267 Minorca Ave., #100		
New Inegistered Office Address:	civ Registered Office Address: C/O Isaac & Salgado Grondin, 267 Wilhorda Ave., #10 Enter Florida street address		
	Coral Gab	les	, Florida 33137 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registers	ed agent and agre	e to act in this canacit	v. I further agree to comply with t

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. Ox, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name MA	Address	Type of Action		
**************************************			ALL DIN		
			28 PK		
			2814 Mag 28 PM 4: 06 Add SEC TARY OF STATE CHOOSE CAND CREMOVE		
			☐ Remove		
					
			Пешоче		
	<u> </u>		Add		
			Aemove		
			Remove		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if	`necessary.)		
	_		
	; A	2014 AUG 28	-:
	——————————————————————————————————————	J6 28	F ***
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 of the date this document is filed by the Florida Department of State)	optional) days after	PH H	
Dated		10 S	
Signature of a member or authorized representative of a member			
Typed or printed name of signee	<u> </u>	- 	

Page 3 of 3

Filing Fee: \$25.00