Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

EFFECTIVE DATE 09-04-14

From:

Account Name : MCDONALD HOPKINS CO., PA

Account Number: I20050000183 Phone : (561)472-7510 Fax Number : (561)472-2975

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 CINE MEXICANO, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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B. BOSTICK SEP - 5 2014

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COVER LETTER

TO: Registration Section Division of Corporations

Cine Mexicano, 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:

Jaimie Paul

Name of Person

McDonald Hopkins LLC

505 S. Flagler Drive, Suite 300

West Palm Beach, FL 33401

City/State and Zip Code

colleen@olympusat.com

E-mui address: (to be used for future amual report notification)

For further information concerning this matter, please call:

Jaimie Paul

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Pee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is englosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (notitional 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited		
(/I	Liability Company as it note appears un our records.) Floride Limited Liability Company)	 _
The Articles of Organization for this Limited Liab Florida document number L04000028626	pility Company were filed on 4/5/04	_ and assigned
This amendment is submitted to amend the follow	ring:	
A. If amouding name, enter the new name of th	ne limited liability company here:	
he new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C"
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
If amonding the remetered agent and/or	registered office address on our records enter th	e name of the new
3. If amending the registered agent and/or ceistered agent and/or the new registered offic Name of New Registered Agent:	registered office address on our records, enter the enddress here:	z name of the new
egistered agent and/or the new registered offic		g name of the new
registered agent and/or the new registered office Name of New Registered Agent:		r name of the new
registered agent and/or the new registered office Name of New Registered Agent:	Enter Florida street uddress	
registered agent and/or the new registered office Name of New Registered Agent:	Enter Florida sweet address City	Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, II changing Registered Agent is appointment as registered approvisions of all statutes relative to the proper accept the obligations of my position as registered to the proper	Enter Florida sweet address City ristered Agent: agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am far ered agent as provided for in Chapter 605, F.S. Or, if gistered office address. I hereby confirm that the limit	Zip Code to comply with the niliar with and this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, If changing Registered Agent's Proposition as registered accept the obligations of my position as registered their filed to merely reflect a change in the registered to the proper the obligations of the proper the proper the proper the proper the proper the proper than the proper	Enter Florida sweet address City ristered Agent: agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am far ered agent as provided for in Chapter 605, F.S. Or, if gistered office address. I hereby confirm that the limit	Zip Code to comply with the niliar with and this document is red liability—

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MGR = Manager

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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:

AMBR = Authorized Member Title Name Address Type of Action Thomas Mohler MGR 560 Village Blvd. Suite 250 West Palm Beach, FL 33409 Olympusat, Inc. 560 Village Blvd. AMBR Suite 250 □ Remove West Palm Beach, FL 33409 _□ Add Remove □ Add

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D,	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article IV - Management - is hereby amended to read: The		
		LLC is to be managed by a member. The name and	
		address of the Member is: Olympusat, Inc., 560 Village	
		Blvd., Suite 250, West Palm Beach, Florida 33409.	
E. Effective date, if other than the date of filing: September 4, 2014 (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and current be more than 90 days after the date this document is filed by the Florida Department of State)			
	Dated	September 4 2014	
		Colleen & Glenn	
		Signature of a member or authorized representative of a member	
		Colleen E. Glynn	
		Typed or printed name of signee	

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Filing Fee: \$25.00

2014 SEP -4 A 11: 0:

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