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(Re	questor's Name)	<u></u>		
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M. THOMAS

WI. FEB 10 2009

EXAMINER

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: GUSTAVO SAGASTUME - INTERNATIONAL MEDIA, 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:

	Gustavo Sagastume				
		(Name of Person)			
	Gustavo Sagastume - In	ternational Media, LLC			
		(Firm/Company)		0	
	2040 Sherman St			09 FEB	_
		(Address)		10000000000000000000000000000000000000	ው ሥነ ርሞ
	Hollywood, FL 33020			MG E	j
		(City/State and Zip Code)		AM III: 03 EE FLORID	
For further information	concerning this matter, please o	all:		HIDA HIDA	
Alice Miller		at (954) 659-8308			
(Name	of Person)		me Telephone Number)	•	
Enclosed is a check for t	the following amount:				
☑ \$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fe Certificate of S		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L07000057375	ity Company were filed on 05/30/2007	and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	timited liability company here:		
"L.L.C."	e words "Limited Liability Company," the designation "LLC"	or the abbrevation	
Enter new principal offices address, if applicable		- Total B	
(Principal office address MUST BE A STREET A)	DDRESS)		
		A FILORID	
Enter new mailing address, if applicable:	-	```	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	***	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the n address here:	ame of the new	
Name of New Registered Agent:			
New Registered Office Address:			
-	(Enter Florida street address)		
	, Fłorida		
_		(ip 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>Address</u> **Type of Action Name** MGR Gustavo Sagastume Add 🗖 2040 Sherman St ■ Remove Hollywood, FL 33020 Gustavo Sagastume MGRM 2040 Sherman St + Add Hollywood, FL 33020 Remove 🗂 Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 9 2009 Signature of a member or authorized representative of a member Gustavo Sagastume Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00