

LD7000064924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

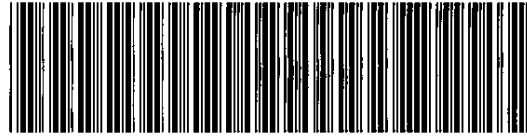
Special Instructions to Filing Officer:

L. SELLERS

AUG 25 2010

EXAMINER

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10 AUG 23 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Name of Limited Liability Company

PRIMECINEMA LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Marco Valdez

Firm/Company

PRIMECINEMA LLC

Address

520 NW 85th WAY

City/State and Zip Code

Pembroke Pines FL 33024

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

For further information concerning this matter, please call:

Name of Person

Marco Valdez

at *(305) 409-3229*

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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**

PRIME CINEMA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/20/2007 and assigned
Florida document number LO7000064924

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

520 NW 85th WAY
PEMBROKE PINES FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

520 NW 85th WAY
Pembroke Pines FL 33024

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ERASTO VALDEZ

New Registered Office Address:

17650 NW 73 RD # 103

Enter Florida street address

Florida

City PEMBROKE PINES

Zip Code 33015

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.

Erasto Valdez
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

Title	Name	Address	Type of Action
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MGR	CARLOS. VALDEZ	17750 NW 67 th AVE #702 Hialeah FL 33015	
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☐ Add
☒ Remove

MGR	ERASTO VALDEZ	17750 NW 67 th AVE #702 Hialeah FL 33015	
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☐ Add
☒ Remove

MGR	RICARDO VALDEZ	17750 NW 67 th #702 Hialeah FL 33015	
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☐ Add
☒ Remove

MGR	MYRIAM VALDEZ	17750 NW 67 th #702 Hialeah FL 33015	
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☐ Add
☒ Remove

MGR	MARCO VALDEZ	520 NW 85 th Pembroke PINES FL 33024	
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☒ Add
☐ Remove

☐ Add
☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _



Signature of a member or authorized representative of a member

Typed or printed name of signee