## L07000098265

(Requestor's Name)				
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	dress)			
(Au	aress;			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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(Business Entity Name)				
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORFORATIONS

## **COVER LETTER**

SUBJECT: CINEAR		ited Liability Company)			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing,			
Please return all correspon	dence concerning this matter	to the following:			
	JOE A. CATARINEAU, E	ESQ (Name of Person)			
	JOE A. CATARINEAU, F	<b>&gt;</b> A			
(Firm/Company)					
91750 OVERSEAS HIGHWAY					
		(Address)			
	TAVERNIER, FL 33070				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
JOE A. CATARINEAU		at ( 305 ) 852-4833			
(Name of	Person)	(Area Code & Daytime T	elephone 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:

TO:

Registration Section Division of Corporations

> 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

CINEART GROUP, LLC	ny as it now annears on our records )		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	lability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000098265</u> .	were filed on SEPTEMBER 26, 2007	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if applicable:	2850 TIGERTAIL AVE.	0	
(Principal office address MUST BE A STREET ADDRESS)	COCONUT GROVE FL 33133	<b>8 8</b> 38 38	
		TAR OF 28	
Enter new mailing address, if applicable:	2850 TIGERTAIL AVE.	A COR	
(Mailing address MAY BE A POST OFFICE BOX)	COCONUT GROVE FL 33133	# PP (S	
		2 2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida	(7: C - 1.)	
	(City)	(Zip 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name **Address Type of Action** \_ Add Remove ☐ Add Remove Remove Remove ┌┈ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00