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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status <u></u>
Special Instructions to	Filing Officer:	
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2009 DEC 14 AM IO: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

DEC 15 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		FERTAINMENT, LLC.				
	s of Amendment and fee(s) are sub espondence concerning this matter	<u> </u>				
i icase return an com-	espondence concerning this matter	to the following:				
	JAV	JAVIER SALGADO MARIN Name of Person				
	ALEBRIJE ENTERTAINMENT, LLC.					
		Firm/Company				
	11011 SHERIDAN ST #314 Address					
		Audiess				
	COOPER CITY FL 33026 US City/State and Zip Code					
	ME	BISIO@XYSTUS.NET		2009 DEC 14 SECRETAR?		
	E-mail address: (t	o be used for future annual report noti	fication)	TAS:		
For further information	on concerning this matter, please c	all:		1:4		
	MARINA BISIO	at (954)	442-3333	E.F. ST.		
Nai	me of Person	Area Code & Daytir	ne Telephone Number	50 RIDA		
Enclosed is a check f	For the following amount:			. "		
\$25.00 Filing Fee	\$30.00 Filing Fec & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (of Status &		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Section Division of Corportifion Building 2661 Executive Control Tallahassee, FL 3	erations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEBRIJE ENTERTAINMENT, LLC.					
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records,)			
The Articles of Organization for this Limited Liability Company were filed on and assign					
Florida document number L07000122	611				
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liability company her	<u>.</u> <u>:</u>			
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Compa	iny," the designation			
Enter new principal offices address, if applica	able:		2009 SE(
(Principal office address MUST BE A STREE			图 员 正		
			57.33 F F		
			Me = 1		
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE I	BOX)		<u> </u>		
			1.00		
B. If amending the registered agent and/or registered agent and/or the new registered of		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	JAVIER SALGADO MARIN	l			
New Registered Office Address:	11011 SHERIDAN ST #314	4			
	Enter Florida street address				
	COOPER CITY	, Florida _	· · · · · · · · · · · · · · · · · · ·		
	City		Zip Code		
New Registered Agent's Signature, if changing R	legistered 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 pereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page / of 2

· 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	GUSTAVO MONTAUDON	11011 SHERIDAN ST #314 COOPER CITY FL 33026 US	Add Remove
·			Add Remove
······			Add Remove
			Add Remove Remove AGD Remove AGD Remove AHASSECREMAN SEE AHASSECREMAN AHASSECRE
D. If amer	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necess	Add Remove
- - -			
Dated	DECEMBER 1 ,	2809	
		or authorized representative of a member Autier Salance at or printed name of signee	", ,
		D 0.50	

Page 2 of 2

Filing Fee: \$25.00