W7066127879

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500254064195

11/25/13--01031--013 **25.00

SECRETARY DE NOMERO.

NOV 2 7 2013 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Muvico Concessions,	L.L.C.
Name of Limited L	iability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Mary Ann Majr	าi
	Name of Person
AMCO Conces	ssions, L.L.C.
	Firm/Company
3101 North Fed	leral Highway, 6th Floor
	Address
Fort Lauderdal	
	y/State and Zip Code
maryann.majni@mu	* 1 Table
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	भूदे ज
Mary Ann Majni	_at(954)745-0607
Name of Person	at () 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

iviuvico Concessions, L.L.C.			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L07000127879	Company were filed on De	cember 28, 2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>·e</u> :	
AMCO Concessions, L.L.C.			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "LLC"	or the abbreviati
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)	***	<u> </u>
			Eury Eury major seurging
Enter new mailing address, if applicable:			23
(Mailing address MAY BE A POST OFFICE BOX)			22
			75
	-		<u>ا</u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter the r	•
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street address	
		, Florida	
	City	Z	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 Type of Action **Title** <u>Name</u> <u>Address</u> Remove Remove Remove Add Remove Add Remove Remove

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated Nove	mber 21
Jaicu	
	1/11/00
	Signature of a member or authorized representative of a member
Α	lan Rainbeau, as President
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

3913 (G) 1472 SZ AGN 6102