L08000056756

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nar	me)	
(Document Number)			
Certified Copies			
Special Instructions to Filing Officer:			
		·	
	•		

Office Use Only



300137297823

10/30/08--01029--015 **25.00

2008 OCT 30 P I2: 18
SECRETARY OF STATE
ALLI AHASSES FI DATE

T. HAMPTON

OCT 3 1 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT: TEATRO TOTAL L.L.C.						
(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:						
	GLAUBER BARCELO					
(Name of Person)						
TEATRO TOTAL L.L.C.						
		(Firm/Company)				
1900 N BAYSHORE DR. # 4711						
(Address)						
	MIAMI FL 33132					
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
TOF SECTION METON CON	icerning this matter, prease ea	411.				
GLAUBER BARCELO		at (786) 663.6130				
(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)	□S60.00 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

2008 OCT 30 P 12: | 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TEATRO TOTAL L.L.C.

(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 06/09/2008 _ and assigned Florida document number L08000056756 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." 1900 N BAYSHORE DR. # 4711 Enter new principal offices address, if applicable: MIAMI FL 33132 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 1900 N BAYSHORE DR. # 4711 MIAMI FL 33132 (Mailing address MAY BE A POST OFFICE BOX) 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: 1900 N BAYSHORE DR. # 4711 New Registered Office Address: (Enter Florida street address) , Florida <u>33132</u> MIAMI (City)

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIREL BARCELO	885 W 68TH STREET HIALEAH FL 33014	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.) 2000 OCT 30 SECRETARY ALLAHASSE
	ER 29TH 2008		E, FLORID
Dated <u>OCTOB</u> I	Chauler Ba	r authorized representative of a member	.A
_		printed name of Simon	

Page 2 of 2

Filing Fee: \$25.00