L08000061881

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	-:-
PICK-UP WAIT MA	dL
(0)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Considerate and the Street Office	
Special Instructions to Filing Officer:	
1,209	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2020

CARLOS SMEKE BACKSTAGE MEXICO LLC 1101 BRICKELL AVENUE SOUTH TOWER 8TH FL MIAMI, FL 33131

SUBJECT: BACKSTAGE MEXICO, LLC

Ref. Number: L08000061881

We have received your document for BACKSTAGE MEXICO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 620A00010787

COVER LETTER

TO: Registration Sec Division of Corp			
	GE MEXICO LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	CARLOS SMEKE		
		Name of Person	
	BACKSTAGE MEXICO L	LC	
		Firm/Company	
	1101 BRICKELL AVENU	E SOUTH TOWER 8TH FLOOR	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	sperera@rothbardepa.com E-mail address: (1	o be used for future annual report not	ification)
For further information of	concerning this matter, please ca		
Sandra Percra	•	954 321-9991	
	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	C \$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 Division of C	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACKSTAGE MEXICO LLC			
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	nears on our records.) ny)	1
The Articles of Organization for this Limited L Florida document number <u>L08000061881</u>	iability Company were filed on	06/24/2008	and assigned 5
This amendment is submitted to amend the following	owing:		1
A. If amending name, enter the new name of	f the limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the vector new principal offices address, if applie (Principal office address MUST BE A STREE)	cable:	the designation "LLC" or the	abbreviation "L.L.C.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre			me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	8211 WEST BROWARD BL	VD , SUITE 440 Florida street address	
	PLANTATION	, Florida	33324
	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 605, 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.

Mad R

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			Remove
			Change
			□Add
			□Add
			□Remove
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fect	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is fi	led.
ated	
	i b.
	Signature of a member or authorized representative of a member
	Signature of a memor of authorized representative of a memor

Filing Fee: \$25.00