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EXAMINER



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05/04/09--01011--011 **25.00

DIVISION OF CA ANIO: 30

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Malichand Entertainment Group 444"
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:
Matichand Bain-Hagers Name of Person
Firm/Company
1982/NiW, 2 De PMB # 395
Mian Cardens, Floreda 33169
City/State and Zip Code lady boss near Vahoo - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Malichael Bair Wappers at 786 366-2842 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \) \(\text{Certified Copy (additional copy is enclosed)} \)

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

OINSECRETARING OF AMIO: 30

(Name of the Limited Liability Company as it now propers on our records.)

(A Plorida Limited Liability Company)

<u>∕as it now oppears on our records.</u>) bility Company)
vere filed onand assigned
ty company here: A Company here: A Company LLC, A Liability Company," the designation "LLC" or the abbreviation
19821 N.W. 2nd ave PM B # 395 Miani Gardens FJ 33169
19821 N.W. 2 Mare PMB # 395 Miani Gardis, F1 33169
ce address on our records, enter the name of the new

Name of New Registered Agent:

New Registered Office Address:

19821 N.W.Z

PMB #395

Enter Florida street address

Mian Capelus, FI

, Florida ____

Zin 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.

Le 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

Title <u>Address</u> Type of Action Malichad Baiter Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove \square 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

Page 2 of 2

Filing Fee: \$25.00