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Office Use Only



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EXAMINER
JAN 13 2011



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2010

MAURICIO MOURICIO ROJAS/ MR. ENTERTAINMENT LLC 1200 BRICKELL BAY DR. SUITE 3001 MIAMI, FL 33131

SUBJECT: MR ENTERTAINMENT, LLC

Ref. Number: L09000023338

We have received your document for MR ENTERTAINMENT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L10000083156 (M & R INVESTMENT GROUP, LLC).

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) 245-6870.

Karen A Saly Regulatory Specialist II

adalam is with a

Letter Number: 010A00029657

# **COVER LETTER**

TO:				
SUBJE	·CT:	MR Entertainment 1	4	
SCEOL			aited Liability Company	<del> </del>
The end	closed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Pl <b>e</b> ase r	eturn all corres	Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  MAURICIO ROJAS  Name of Person  MR Entertal May M. Surte 3001  Address  MIAMI, F. 3313  City/State and Zip Code  ROJASMAURICIO @ MSN. WM  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  URICIO ROJAS  Name of Person  at (196, 3[2-7-7-1]  Area Code & Daytime Telephone Number  s a check for the following amount:  Filing Fee  Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  MAILLING ADDRESS:  STREET/COURIER ADDRESS:		
		MAURICIO K	20JAS	
		•	Name of Person	
		MR Ente	ertainment LLC	
			Firm/Company	
		1200 Brick	all Bay Dr. Suite 300	1
			Address	<u> </u>
		Miami,	FI 33131	
		•	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifica	tion)
For furtl	ner information	concerning this matter, please of	call:	
M		<del> </del>		
	Name	of Person	Area Code & Daytime T	elephone Number
]\$25,0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
				***
	Regis		STREET/COURIER Registration Section Division of Corporati	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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- rik Enlevio	JINMKR)!	<u>u</u>	<u>ာ</u>	URSTALL OF THE
(Name of the Limited L (A F	lorida Limited L	ny as it now appea liability Company)	rs on our records.)	LARMSSE PICATE
			12/19/20	Q
The Articles of Organization for this Limited Liab		were filed on	03/01/20	and assigned
Florida document number <u>L0900023</u>	<del>350</del> .			
		,		
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of t	he limited liab	ility company he	re:	
UD GROUP	HTALL	11C		
The new name must be distinguishable and end with	the words "Limi	ted Liability Comp	any," the designation	"LLC" or the abbreviation
"L.L.C."				
Enter new principal offices address, if applicab	ile:			
(Principal office address MUST BE A STREET.		N/A		
	(IDDICOSO)			<u> </u>
·			<del> </del>	
Enter now mailing address if applicables	·			
Enter new mailing address, if applicable:	<b>01</b> 0			**************************************
(Mailing address MAY BE A POST OFFICE BO	<u>/X)</u>	N/A		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		<del></del>	·	<u></u>
B. If amending the registered agent and/or	registered off	ice address on	our records, ente	r the name of the new
registered agent and/or the new registered offic				
•	, 1			•
Name of New Registered Agent:	N/A			
New Registered Office Address:	NA	•		
New Registered Office Address.	- //-	En	ter Florida street a	ddress
	1//1		Tala antala	
	~/r	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	distered Agent:	•		1
The state of the s				
hereby accept the appointment as registered a				
he provisions of all statutes relative to the prop				
accept the obligations of my position as registe being filed to merely reflect a change in the reg				
company has been notified in writing of this ch		A/ /A	<b>y</b>	·-····································
	If Chan	/'' /7♥ ging Registered Age	nt, Signature of New	Registered Agent
	II CUAM	Prof vetrateren vike	DIENMINIC DI LICH	INCLUSION OF THE PARTY OF THE P

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

vicitivi — i	Managing Member		
<u> Title</u>	Name	Address	Type of Action
<del></del>	N/A		Add Remove
	411		Add Remove
	NIA		Add
	4/4		Add
<u> </u>	N/A		Add
	<u>a/u</u>		Add
. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necess	
			· · · · · ·
ated	12/17/2010	2010	<del></del>
	Signature of WAWR	a member or authorized representative of a member  CO FOS  Typed or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00