

L090000 44785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

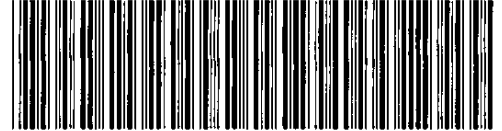
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/02/09--01007--007 \*\*30

09 JUL -2 AM 11:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 JUL -2 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 2 2009

EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MIAMI Fantasy Productions, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Miami Fantasy Productions, LLC**

(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 May 7, 2009 and assigned  
Florida document number L09000044785.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Vertical Source, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the a  
"L.L.C."

**Enter new principal offices address, if applicable:**

9356 SW 40 Street

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Florida 33165

**Enter new mailing address, if applicable:**

9356 SW 40 Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, Florida 33165

**B. If amending the registered agent and/or registered office address on our records, enter the name of  
registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

Eduardo Cantera

**New Registered Office Address:**

9356 SW 40 Street

*Enter Florida street address*

Miami

Florida

33165

*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 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGRM	Eduardo Cantera	9356 SW 40 Street Miami, Florida 33165	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remo
MGRM	Raul Armenteros	5300 HOLLYWOOD BLVD, APT 10 HOLLYWOOD FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remo
			<input type="checkbox"/> Add <input type="checkbox"/> Remo
			<input type="checkbox"/> Add <input type="checkbox"/> Remo
			<input type="checkbox"/> Add <input type="checkbox"/> Remov
			<input type="checkbox"/> Add <input type="checkbox"/> Remo

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 1

2009

Signature of a member or authorized representative of a member

Eduardo Cantera

Typed or printed name of signee