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**EXAMINER** 

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SECRETARY OF STATE
ALLIANASSEE FLABRIDA

## COVER LETTER

TÒ:

**Registration Section** 

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT:	Senor	ra Empanada	
	<del></del>	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	ence concerning this matter	r to the following:	
		Lizette Milan-Brown	<u> </u>
		Name of Person	
	Senora Empa	anada & Milan Media Pi	roductions
		Firm/Company	
	6586	3 Hypoluxo Rd, Suite 22	23
		Address	
	Lak	ke Worth, Florida 33467	•
		City/State and Zip Code	
-	milanme	ediaproductions@gmail. to be used for future annual report	.com
For further information cond		·	notification,
<del></del>	Milan-Brown	at ( 561 )	685-5299
Name of Pe	rson	Area Code & Da	aytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration	f Corporations	STREET/CO Registration S Division of Co Clifton Buildi	orporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Senora Em	panada			
(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 Liab		were filed on	Summer 2009	and assigned	
Florida document number L09000551	<u> </u>				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here	2:		
Mila	n-Media Prod	luctions LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Compar	ny," the designation "LL	.C" or the abbreviation	
Enter new principal offices address, if applicab	ole:	N/A			
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>				
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:					
registered agent and/or the new registered of the	e address here.	•	7	- m & & & & & & & & & & & & & & & & & &	
Name of New Registered Agent:	Liz on	e Milar	J-Bひ ~~	ig ∈ n	
			* <b>C10CV</b> \	TO THE PARTY OF TH	
New Registered Office Address:	same ac		er Florida street addre		
		Enic	er rioriaa sireei aaare		
	lake w		, Florida 🥞	\$ 375	
No. B. Caralla, M. Ch. at Maria		City	<i>© A</i>	raip Gode	
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. Thereby 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, <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
Mr.	Robert Michael I	Brown	6586 Hypoluxo Rd Suite 223 Lake Worth, FL 33467	Add ☑ Remove
				Add Remove
<del></del>				Add Remove
***************************************	<u>., </u>	<del> </del>		Add Remove
	All and the second seco	***************************************		Add Remove
				Add Remove
D. If ame	nding any other informa	tion, enter change(s	s) here: (Attach additional sheets, if necessary.)	
-				_
Dated	6/3	, 201	M	
	Sig	Lize-	raphorized representative of a member  He Milan - Brown  printed name of signee	····

Page 2 of 2

Filing Fee: \$25.00