

**LD9000055123**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
2010 JUL 12 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
JUL 13 2010  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2010

LIZETTE MILAN-BROWN  
MILAN MEDIA PRODUCTIONS  
6586 HYPOLUXO RD, STE. 139  
LAKE WORTH, FL 33467

SUBJECT: MILAN-MEDIA PRODUCTIONS LLC  
Ref. Number: L09000055123

We have received your document for MILAN-MEDIA PRODUCTIONS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 410A00015797

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Milan Media Productions  
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:

Lizette Milan-Brown

Name of Person

Milan Media Productions

Firm/Company

6586 Hypoluxo Rd, Suite 139

Address

Lake Worth, FL 33467

City/State and Zip Code

lizette@milanmediaproductions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lizette Milan-Brown

Name of Person

at ( 561 )

685-5299

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$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 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  
OF

FILED

2010 JUL 12 AM 9:53

Milan-Media Productions LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Summer 2009 and assigned  
Florida document number L09000055123.

This amendment is submitted to amend the following:

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

Milan Media Productions LLC

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

Enter new principal offices address, if applicable:

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 BOX)

**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:**

Name of New Registered Agent:

New Registered Office Address:

6586 Hypoluxo Rd #139

*Enter Florida street address*

Lake Worth

*City*

Florida

33467

*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 Manager 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 Action</u>
MGR	Marina Perez	6586 Hypoluxo Rd. Suite 139 Lake Worth, FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

EIN number should be changed to 30-0634330

Dated June 23rd, 2010

Signature of a member or authorized representative of a member

Lizette Milan-Brown

Typed or printed name of signee

FILED  
2010 JUL 12 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA