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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 18 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATIONAL CALENDAR, "LLC"  
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HELEN R. STABILE  
Name of Person

UN MONDO PRODUCTIONS "LLC"  
Firm/Company

14545 J Military Trail  
Address

DELRAY BEACH, FL 33484  
City/State and Zip Code

HSOFTROY @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN R STABILE at (541) 843-5588  
Name of Person 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NATIONAL CALENDAR "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 July 18 2009 and assigned  
Florida document number LO 90000 092 91

→ ASSIGNED

This amendment is submitted to amend the following:

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

UN MONDO 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:

(Principal office address MUST BE A STREET ADDRESS)

14545 J. Military Trail  
DELRAY BEACH FL 33484  
#182

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14545 J. Military Trail  
#182  
DELRAY BEACH FL 33484

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:

REGISTERED AGENT STAYS THE SAME

New Registered Office Address:

14545 J. Military Trail #182

Enter Florida street address

DELRAY BEACH, Florida FL 33484  
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 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>  |
|--------------|---------------|---|--|
| MGRM         | DANIA ZESSLER | 401 NE MIZNER BLVD<br>TS14<br>BOCA RATON FL 33432 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Recap

LLC - NAME CHANGE

LLC - ADDRESS CHANGE

Removal of MGRM D. Zessler

Dated September 15, 2009

Signature of a member or authorized representative of a member

HELEN R. STABILE

Typed or printed name of signee

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