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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<del> </del>
(Document Number)	<u> </u>
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## **COVER LETTER**

	Division of Cor			
SUBJEC	LA JUSTIC	TIA PRODUCTIONS LLC		
SOBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		NEIL M GONZAL <b>EZ</b>		
			Name of Person	
		LAW OFFICE OF GONZA	ALEZ AND ASSOCIATES LLC	
			Firm/Company	
		3403 NW 82 AVE, <b>SÚ</b> ITE	210	
			Address	
		MIAMI, FL 33122		
			City/State and Zip Code	
		ngonzalez@ngonzalezlaw.c	om to be used for future annual report not	rification)
For furth	er information c	oncerning this matter, please ca		
NEIL M	GONZALEZ	·	305 758-7774 E	XT 1104
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA JUSTICIA PRODUCTIONS L	i		
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)
		7/21/2009	
The Articles of Organization for this Limited L	nability Company	were filed on <u>"""</u>	and assigned
lorida document number L09000069820	<u> </u>		
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	the limited liab	ility company here:	
he new name must be distinguishable and contain the w	words "Limited Liabil	liv Company " the designation	"I C" or the abbreviation "L L C"
i .		ary company, the designation	DEC OF the attorestation (c, c, c,
Enter new principal offices address, if applic	1	<del></del>	
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	· · · · · · · · · · · · · · · · · · ·	
,			
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
	,		
3. If amending the registered agent and	or registered of	ffice address on our rec	ords, enter the name of the ne
egistered agent and/or the new registered of	<u>mce address nere</u>	<u>e</u> :	
	NEIL M GONZ	7.11.11.77	
Name of New Registered Agent:	NEIL WIGONZ	ALEZ	·
New Registered Office Address:	3403 NW 82 A	VE, SUITE 210	
		Enter Florida street a	ddress
	MIAMI		. Florida <u>33122</u>
		City	Zip Code
ew Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registere rovisions of all statutes relative to the prop	er and complete	performance of my dutie	s, and I am familiar with and 605, F.S. Or, if this document is
accept the obligations of my position as regional properties of the comments of the company has been notified in writing of this company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in the company has been notified in the company has been notified in the company has been notified in the company has been notified in the company has been	registered office	address, I hereby confirm	m that the limited liability

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	•			
MGR = Manager				
AMBR = Authorized Mer	nber			

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIO PASTOR	21113 SW 92 Place	
	1	Miami, FL 33189	■ Remove
	i		□ Change
MGR	BRITTANY GONZALEZ	7770 SUNSET DRIVE,	Add
	i	MIAMI, FL 33143	□ Remove
	: 1		
			Add
	i		Remove
	1		Change
			Add
	İ		Remove
	!		Change
	-		
	i •		Remove
			Change
			□ Remove
			Change

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
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	<u>                                       </u>
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	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to meet the applicable statutory filing requirements, this date will not be listed as the
if the record specifies a delayed effective (b) The 90th day after the record is filed	date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated 11/6/17	
UR Offer my	
Signature of	member or authorized representative of a member
Brittany Gonzalez	Typed or printed name of signee
1 '	Types or printed name of signee

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Filing Fee: \$25.00