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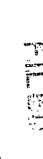
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SECRETARY OF STATE TALLAHASSEE, FLURIOA



T. CLINE

DEC 15 2009

EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

то:

SUBJECT:	DELIRIUM FILMEN	IS PRODUCTIONS	S, LLC.		
	Name of Limit	ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	JAV	IER SALGADO MARI	N		
		Name of Person			
	DELIRIUM F	ILMENS PRODUCTION	ONS, LLC.		
		Firm/Company			
	1101	11 SHERIDAN ST #31	14		
		Address		-i -:	
	COOPER CITY FL 33026 US				
	City/State and Zip Code				
	E-mail address: (to	SISIO@XYSTUS.NET be used for future annual repo	rt notification)	SAT F	
For further information co	ncerning this matter, please ca	all:		TO E	
D. A. A. I	DINA BIOLO	0.54	440.2222	2009 DEC 14 AH IO: 48 SECRETARY OF STATE TALLAHASSEE, FLURIO	
Name of	RINA BISIO Person	at ( 954 ) Area Code & I	442-3333 Daytime Telephone Number	TO THE CO	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		of Status &	
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELIRIUM FILME	NS PRODUCTI	ONS, LLC.		-	
(Name of the Limited Liability (A Florida L	imited Liability Compan	y)	<u>( us.</u> )		
The Articles of Organization for this Limited Liability Co Florida document number LO900010029		10/19/	2009 and	assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :			
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Con	mpany," the desig	nation "LLC" or t	he abbre	eviation
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·	· <u></u>	·
(Principal office address MUST BE A STREET ADDR	ESS)		IA SE	2009	<del></del>
			52	8	end d
			TASE	<u> </u>	property.
Enter new mailing address, if applicable:			SE SE	±_	2 2* 15 15
(Mailing address MAY BE A POST OFFICE BOX)				3	l and a
			蜀云	Ö	1- p- p-
	<del></del>		977	င်ာ	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		on our records,	enter the nam	e of th	e new
Name of New Registered Agent:				<del></del>	<del></del>
New Registered Office Address:		Enter Florida st	vo at a ddunaa	<del></del>	<del></del>
		Emer r tortaa Si	reet aduress		
	City	, Flo	orida Zip C	'ode	
<u> </u>					

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>	Name	Address	Type of Action
MGR	GUSTAVO MONTAUDON	11011 SHERIDAN ST #314 COOPER CITY FL 33026 US	Add  Remove
<del> </del>	<del></del>		Add Remove
	<del></del>		Add Remove
			Addingve AALLI HASSE
			☐ ☐ Add ☐ ☐ Rentiève ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	Remove
_			
Dated	/ liv	er or authorized representative of a member	<u>.                                    </u>
	ANTE	d or printed name of signee	
	/	Paga 2 of 2	

Filing Fee: \$25.00