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(Address)

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(Document Number)

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DEPARTMENT OF REVENUE

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FANTINA LLC**

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:

MARTA BERMUDO

Name of Person

FANTINA LLC

Firm/Company

8501 SW 57 PATH

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

VIVIAN@MARIAELVIRA.TV

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

For further information concerning this matter, please call:

VIVIAN VEGA

Name of Person

305 9708654

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FANTINA 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 03/17/2010 and assigned
Florida document number L10000029300.

This amendment is submitted to amend the following:

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

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)

8501 SW 57 PATH

SOUTH MIAMI, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8501 SW 57 PATH.

SOUTH MIAMI, FL 33143

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TALLAHASSEE, FLORIDA

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:

Enter Florida street address

Florida

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

MGR = Manager
MGRM = Managing Member

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

Dated OCTOBER 10, 2013.

Marta Bermudo

Signature of a member or authorized representative of a member

MARTA BERMUDO

Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001

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