## L100000 87023

(Re	equestor's Name)	
(Ad	ldress)	
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DIVISION OF CURPURATION

EXAMPTON JUN-1 2011

## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion · · · · · · · · · · · · · · · · · · ·	•	<b></b>
SUBJE	CT:		ted Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		<del></del>	Carlos Soto  Name of Person	
		On The	e Avenue Productions LLC Firm/Company	· <del></del> -
		849	91 NW 17th St. Ste 101 Address	
			Miami / FL / 33126 City/State and Zip Code	
		E-mail address: (t	lossoto78@gmail.com to be used for future annual report notifica	tion)
For furtl	ner information co	ncerning this matter, please c	all:	
	Name of	arlos Soto Person	at ( <u>305)</u> 36  Area Code & Daytime T	60-6357 Celephone Number
Enclose	d is a check for the	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 

		11 MAY 31 P	1 2: 36
On The Ay	venue Productions L	LC	
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	08/19/2010	and assigned
Florida document numberL1000087023	<del></del> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the w 'L.L.C."	ords "Limited Liability Compa	nny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or regi		our records, <u>enter 1</u>	the name of the new
registered agent and/or the new registered office ad	dress nere:		
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ada	ress
		, 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

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 = N	Tanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Carlos J. Soto	8491 NW 17th St. Ste 101 Miami FL 33126	Add Remove
MGRM	Carlos J. Soto	1215 San Miguel Ave Coral Gables FL 33134	Add Remove
MGR_	Natalia Pineda	1215 San Miguel Ave Coral Gables FL 33134	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF
	IVIQY ZOUT	,	
	Signature of a	a prember or authorized representative of a member	
	<u> </u>	Carlos J. Soto Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00