# 111000050128

(Downstade Nove)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(orsycotate Epit Hone II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Codification of Status				
Certified Copies Certificates of Status				
Control of the contro				
Special Instructions to Filing Officer:				
10110000251111				
D11000025114				



200206960902

05/03/11--01008--007 \*\*30.00



D. BRUCE

MAY 12 2011

**EXAMINER** 

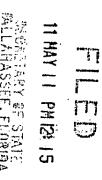


#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2011

BERNARD BONOMO 185 SW 7TH STREET #1402 MIAMI, FL 33130

SUBJECT: MINI-MOVIE.ME, LLC Ref. Number: L11000050128



We have received your document for MINI-MOVIE.ME, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 411A00011028

### **COVER LETTER**

TO: Registration Division of	n Section Corporations		•	ه ۱۰ نقم	
SUBJECT:	MINI-M	OVIE.ME, LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:			
		BERNARD BONOMO		-	
		Name of Person			
		Firm/Company		<u> </u>	
	185 SW 7TH STREET #1402		MAY I		
		Address			[T]
	MIAMI, FL 33130  City/State and Zip Code		PH 124 15 &F STATE E. FLORIDA	U	
BEANOVISION@MAC.COM					
	E-mail address:	(to be used for future annual report no	tification)		
For further information	on concerning this matter, please	call:			,
	RNARD BONOMO	at ( 305 )	914-7030 ime Telephone Numbe		
Nan	ne of Person	Area Code & Dayt	ime Telephone Numbe	r	
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certifica ed) Certified	S60.00 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

MINI-M	OVIE.ME, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appo mited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Con	mpany were filed on _	APRIL 28, 2011 and assigned
Florida document number L11000050128		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company h	nere:
	IE STUDIOS, LLC	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Com	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u></u>	3 7
		02
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	I.	Enter Florida street address
<del></del>		, 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 = Managing Member **Title** <u>Name</u> Address Type of Action MGR SHANNA SGRIGNUOLI 185 SW 7TH STREET #1402 ☐ Add Remove MIAMI, FL 33130 SHANNA SGRIGNUOLI MGRM 185 SW 7TH STREET #1402 ✓ Add Remove MIAMI, FL 33130 ☐ Add Remove ∏Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \*\*ABOVE - JUST CHANGING SHANNA FROM MGR TO MGRM - THANKS APRIL 28 2011 Dated \_\_ Signature of a member or authorized representative of a member BERNARD BONOMO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00