

LI 000061996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

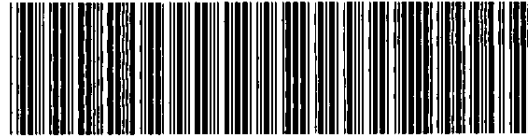
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 22 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2011

HUMBERTO DE LA CRUZ
5745 SW 75TH ST, STE 327
GAINESVILLE, FL 32608

SUBJECT: MAHC ENTERTAINMENT, LLC
Ref. Number: L11000061996

We have received your document for MAHC ENTERTAINMENT, LLC and your check(s) totaling \$25.00. 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 811A00018337

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TALLAHASSEE, FLORIDA

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COVER LETTER

Reapplication with Signature
Check was already
Cashed
mobile - 352-246-3595

**TO: Registration Section
Division of Corporations**

SUBJECT: MAHC ENTERTAINMENT, 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:

HUMBERTO DE LA CRUZ

Name of Person

MAHC ENTERTAINMENT, LLC

Firm/Company

5745 SW 75TH ST STE 327

Address

GAINESVILLE, FL 32608

City/State and Zip Code

MAHCENTERTAINMENT@GMAIL.COM

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

For further information concerning this matter, please call:

HUMBERTO DE LA CRUZ

Name of Person

at (352)

246-3595

Area Code & Daytime Telephone Number

2011 AUG 15 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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

MAHC ENTERTAINMENT, 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 05/26/2011 and assigned
Florida document number L11000061996.

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)

2520 CORAL WAY STE 2131

MIAMI, FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2520 CORAL WAY STE 2131

MIAMI, FL 33145

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

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:

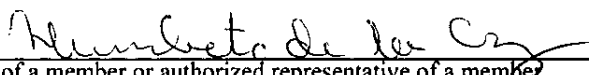
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS M. DE LA CRUZ	608 SE 45TH TER APT 1A CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JUNE 22, 2011.


 Signature of a member or authorized representative of a member
HUMBERTO DE LA CRUZ
 Typed or printed name of signee