

L11000120928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FF \$25
cc/cus 35



100215670101

03/28/12--01009--012 **60.00

FILED
2012 MAR 28 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B Tadlock MAR 28 2012



March 26, 2012

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

ATTENTION: Supervisor Mrs. Brenda Tadlock
Document # L11000120928

Mrs. Tadlock,

Thank you so much for taking the time to help me out with the processing of this request. As discussed, by way of this correspondence we advise the Registration Section of the Division of Corporation that we wish to change the name of our organization from Cinergia Dubbing, LLC. incorporated on 10/24/2011 to Universal Cinergia Dubbing Group, LLC. As such, enclosed are the required forms to amend the Articles of Organization pursuant to Florida Statutes.

Thank you in advance for your time and personal assistance in this matter. Please contact me should you require further information regarding our request.

Sincerely,

A handwritten signature in black ink, appearing to read "Gustavo Santos".

Gustavo Santos
General Manager
Cinergia Dubbing, LLC.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CINERGIA DUBBING, 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:

GEMA LOPEZ

Name of Person

UNIVERSAL CINERGIA DUBBING GROUP

Firm/Company

7640 NW 25TH STREET #115

Address

DORAL, FL. 33122

City/State and Zip Code

GEMA@CINERGIACOMPANIES.COM

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

For further information concerning this matter, please call:

GUSTAVO SANTOS

Name of Person

at (**305**) **804-8267**

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

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

CINERGIA DUBBING, 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 10/24/2011

Florida document number L11000120928

2011 MAR 28 PM 2:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

UNIVERSAL CINERGIA DUBBING GROUP, LLC.

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:

7640 NW 25TH STREET #115

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL. 33122

Enter new mailing address, if applicable:

7640 NW 25TH STREET #115

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL. 33122

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:

7640 NW 25TH STREET #115

Enter Florida street address

DORAL

Florida

33122

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:

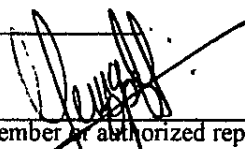
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GEMA LOPEZ	7640 NW 25TH STREET #115 DORAL, FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LILIAM HERNANDEZ	7640 NW 25TH STREET #115 DORAL, FL 33122	<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

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

Dated _____,



 Signature of a member or authorized representative of a member
 Gema Lopez

 Typed or printed name of signee