L11000132308

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY - 9 2012
EXAMINER

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2012**
**Secretary of State**

DOCUMENT# L11000132308

**Entity Name:** UNLIMITED LED MIDIA LLC

**Current Principal Place of Business:**

3750 W 16 AVE
130U
HIALEAH, FL 33012

**New Principal Place of Business:**

455 W 23RD ST
7
HIALEAH, FL 33010

**Current Mailing Address:**

3750 W 16 AVE
130U
HIALEAH, FL 33012

**New Mailing Address:**

455 W 23RD ST
7
HIALEAH, FL 33010

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, SONIA
3750 W 16 AVE
130U
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

MUNERA, ADRIANA
455 W 23RD ST
7
HIALEAH, FL 33010 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADRIANA MUNERA 04/27/2012
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: MUNERA, ADRIANA
Address: 6960 WILLOW LN
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM
Name: CASTANO, SEBASTIAN
Address: 6960 WILLOW LN
City-St-Zip: MIAMILAKES, FL 33014

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: ADRIANA MUNERA MGRM 04/27/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** UNLIMITED LED MIDIA, 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:

ADRIANA MUNERA
Name of Person

UNLIMITED LED MEDIA, LLC.
Firm/Company

455 W 23RD STREET, # 7
Address

HIALEAH, FL 33010
City/State and Zip Code

UNLIMITEDLEDMEDIA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA MUNERA at ( 786 ) 486-1200
Name of Person — 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNLIMITED LED MIDIA, 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 11/21/2011 and assigned Florida document number L11000132308.

This amendment is submitted to amend the following:

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

UNLIMITED LED MEDIA, 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:**
***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MAY 2, 2012.

Signature of a member or authorized representative of a member

ADRIANA MUNERA
Typed or printed name of signee



**Filing Fee: $25.00**