L12000120706

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
AND ASSESSED FROM THE

TEC - 9 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MOREPRO 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:

RUBEN ZURGA

Name of Person

MIAMI ACCOUNTING & TAX SERVICES LLC

Firm/Company

260 NE 17TH TER SUITE 206

Address

MIAMI, FL 33132

City/State and Zip Code

ruben@miatax.com

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

For further information concerning this matter, please call:

Adrian Gauna

,786,**602-549**4

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

MOREPRO LLC	I Liability Compan	or it now ennears on our records	
(Manie of the Limiter	A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited I Florida document number <u>L12000120706</u>	iability Company	were filed on <u>09/20/2012</u>	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
DMX USA LLC			
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limit	ed Liability Company," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		2
		- CE	<u> </u>
			R II
Enter new mailing address, if applicable:		SSS	<u>6</u> <u>F</u>
(Mailing address MAY BE A POST OFFICE	BOX)	Fri S.	<u> </u>
			ω U
B. If amending the registered agent and			<u> </u>
registered agent and/or the new registered o	mice address nere	•	
Name of New Registered Agent:	MIAMI ACC	COUNTING & TAX SERVICES LI	_C
New Registered Office Address: 260 NE 17TH TER SUITE 206			·····
		Enter Florida street addr	
•	MIAMI	Florida 33°	132

New Acquired Agent's Signature, it 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	ype of Action
MGR	ADRIAN GAUNA	4302 HOLLYWOOD BLVD 122	Add
		HOLLYWOOD, FL 33021	Remove
MGRM	RICARDO CENTENO	4302 HOLLYWOOD BLVD 122	Add
		HOLLYWOOD FL 33021	Remove
MGR	Horacio Pablo Flores	114 Atlantic Ave	Add
		Hallandae FL 33009	Remove
***	**************************************		Add
		SECRETARITALLAHASSI	h F
		OF STATE EE, FLORIDA	
			Remove
			Add
			Remove

	ation, enter change(s) here: (Attach ac	utitional sneets, if necessary.)
······································		
	and the state of t	
12/4	<u>, 2013</u> .	
(m)		
		itative of a member
RICARDO CE		
		Signature of a member or authorized represer RICARDO CENTENO Typed or printed name of signature

Page 3 of 3

Filing Fee: \$25.00

FILED
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SECRETARY OF STATE