

L12000148432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

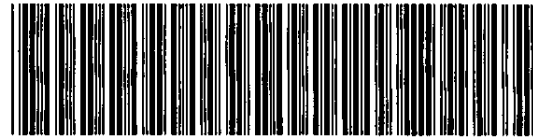
(Business Entity Name)

(Document Number)

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2013 OCT 21 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 22 2013

T CLINE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI WORLD PRODUCTIONS 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:

MARCAMMEN SEGA

Name of Person

MSL PROCESSING SERVICES INC

Firm/Company

1171 SW 31<sup>st</sup> AVE

Address

FT. LAUDERDALE, FL 33312

City/State and Zip Code

marcammenn.sega@hotmail.com

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

For further information concerning this matter, please call:

Marcammen Segal

Name of Person

at (786) 290 2899

Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 6329  
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

MIAMI WORLD PRODUCTIONS 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 11-27-2012 and assigned

Florida document number L12000148432

This amendment is submitted to amend the following:

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

N/A

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)

2013 OCT 21 PM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

MSL PROCESSING SERVICES INC

New Registered Office Address:

1171 SW 31st AVE

Enter Florida street address

Ft Lauderdale

City

Florida

FL

Zip Code

33312

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
MGRM	VARGAS Noblecilla, CESOR ANTONIO	7957 SW 104 <sup>th</sup> Street SUITE B207 MIAMI FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Thalheimer Maria	18004 NW 60 PL MIAMI FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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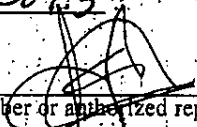
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Dated October 15, 2013

Signature of a member or authorized representative of a member

  
CESAR A. VARGAS NOBLECILLA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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