L13000013923

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TALLAHASSEE, FI OBJECT

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COYÉR LETTER

TO: Registration Section Division of Corporations

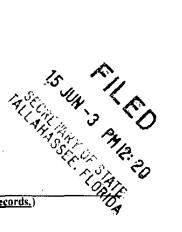
SUBJECT: _	TEATRO	OCENTRO, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return al	II correspon	dence concerning this matter	to the following:	
		JOSE L BERMUDEZ		
			Name of Person	
		TEATROCENTRO, LLC		
			Firm/Company	
		PO BOX 692007		
			Address	
		ORLANDO FL 32869		
	•		City/State and Zip Code	
		jlbmpr@gmail.com		
		E-mail address: (to be used for future annual report	notification)
For further info	rmation co	ncerning this matter, please ca	all:	
JOSE L BERN	MUDEZ		at () Area Code Da	
	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a c	heck for the	e following amount:		
□ \$25.00 Fili	ng 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



TEATROCENTRO, 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 JANUARY 28, 2013 and assigned		
Florida document number L13000013923			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
STAR ON STAGE, LLC			
The new name must be distinguishable and contain the words "Limited Liabil.	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2924 Antique Oak Cr #45 Winter Park Fl 32792		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	PO Box 692007		
(Mailing address MAY BE A POST OFFICE BOX)	Orlando Fl 32869		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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Effectiv	e date, if other than the date of filing:
If an effec Note: Ti	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
Dated	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00