

L13 000095 111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

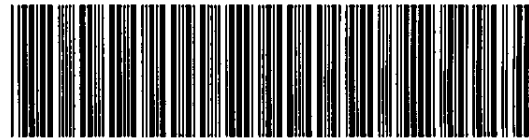
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265716683

10/23/14--01002--026 **55.00

FILED
2014 OCT 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. GUNESON OCT 24 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DSM ENT 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:

ENRIQUE CORREA

Name of Person

Firm/Company

851 SAWDUST TRAIL

Address

KISSIMMEE FL 34744

City/State and Zip Code

TVCFILMANDPHOTO@GMAIL.COM

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

For further information concerning this matter, please call:

ENRIQUE CORREA

407 538-2776

Name of Person

at (_____)_____
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

FILED
2014 OCT 23 PM 12: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DSM ENT 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 JULY 3, 2013 and assigned
Florida document number L13000095111.

This amendment is submitted to amend the following:

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

TOTALVIEW CINEMA 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:

851 SAWDUST TRAIL

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE FL 34744

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ENRIQUE CORREA	4317 BOGGY CREEK ROAD	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
MGR	DANIEL LEBRON	12628 GETTYSBURG CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32837	<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.)*

N/A

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 21, 2014

x 

Signature of a member or authorized representative of a member

ENRIQUE CORREA MGR

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 OCT 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA