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### **COVER LETTER**

TO: Registration Section
Division of Corporations

# LATIN FACTOR ENTERTAINMENT LLC

SUBJECT:

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:

AIMEE BURGOS

Name of Person

A & B CONSULTING ENTERPRISES INC

Firm/Company

1929 W 60TH ST

Address

HIALEAH FL 33012

City/State and Zip Code

ab@abconsultingfl.com

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

For further information concerning this matter, please call:

AIMEE BURGOS

<sub>=1</sub>,305 \**827-002**8

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

## LATIN FACTOR ENTERTAINMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (Λ)   | Florida Limited Liability Con | npany)                                |  |
|---|-------------------------------|---------------------------------------|--|
| The Articles of Organization for this Limited Lia Florida document number L13000100367    | bility Company were filed     | on 07/16/2013                         | _ and assigned   |
| This amendment is submitted to amend the follow   | wing:                         |                                       |  |
| A. If amending name, enter the new name of  | the limited liability compa   | iny here:                             |  |
| The new name must be distinguishable and end with "L.L.C."                                | the words "Limited Liability  | Company," the designation "LLC        |  |
| Enter new principal offices address, if applica   | ble: N/A                      |                                       |  |
| (Principal office address MUST BE A STREET  | <del></del>                   | · · · · · · · · · · · · · · · · · · · |  |
|   |                               |                                       | SS 55  |
|   | •                             |                                       |  |
| Enter new mailing address, if applicable:   | N 1 / A                       |                                       | The second secon |
| (Mailing address MAY BE A POST OFFICE B   | <u> </u>                      |                                       | <b>5</b> 名   |
| B. If amending the registered agent and/or registered agent and/or the new registered off | ice address here:             | <del></del> -                         | name of the nev  |
| Name of New Registered Agent:   | JORGE DAVID C                 | HIQUIZA GONZALEZ                      |  |
| New Registered Office Address:  | 14385 SW 97TH L               | _N 100                                |  |
|   |                               | Enter Florida street addres.          | S  |
|   | MIAMI                         | , Florida <u>3318</u>                 | 36   |
|   | City                          | - <del></del>                         | Zip Code   |
| New Registered Agent's Signature, if changing Re  | egistered 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

Page 1 of 3

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>                          | <u>Name</u>                   | Address             | Type of Action         |
|---------------------------------------|-------------------------------|---------------------|------------------------|
| MGR                                   | JORGE DAVID CHIQUIZA GONZALEZ | 14385 SW 97 LN #100 | 🗸 Add                  |
|                                       |                               | MIAMI FL 33186      | Remove                 |
| MGR                                   | DAVID J GONZALEZ              | 14385 SW 97 LN      |                        |
|                                       |                               | MIAMI FL 33186      | Remove                 |
| · · · · · · · · · · · · · · · · · · · |                               | PACL HASSEE FLORIDA | Remove 15 PH 4 Add 158 |
|                                       |                               |                     | Remove Add Remove      |
|                                       |                               |                     | Add Remove             |
|                                       |                               |                     |                        |

| If amending an    | ny other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------------|---|
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| $\frac{100}{100}$ | DBER 11 2013  |
|                   |   |
| t                 | 11 CO   |
|                   | Signature of member or authorized representative of a member                          |
| JOR               | RGE DAVID ØHIQUIZA GONZALEZ   |
|                   | Typed or printed name of signee   |

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