Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DELAMOR ENTERTAINMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Corporate Filing Menu

Help

May. 5. 2014 12:13PM PARK LA BREA APARTMENTS

No. 1018 P. 1 Odor#34613848

COVER LETTER

	rision of Corp			
SUBJECT:	DELAMO	R ENTERTAINMENT, LL	C	
Name of Limited Liability Company				
The enclose	d Articles of A	Amendment and fec(s) are sub	nitted for filing.	
Please retur	n all correspor	idence concerning this matter	to the following:	
		Cheyenne Moseley		
Name of Person				
		Legalzcom.com, Inc.		
Pinn/Company				
•	100 W. Broadway Suite 100			
	Address			
		Glendale, CA 91210		
	City/State and Zip Code			····
		Delamormanagement@gr	mail.com o be used for future annual report notifi	oo disa)
		•		CRITOTI
For further	information co	incerning this matter, please ce	11):	
Imelda Va	Imelda Vasquez 323 962-8600 ext 7950			
	lo emeV	Person	Area Code Daytimo	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Centificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Capy (additional capy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301 May. 5. 2014 12:14PM

PARK LA BREA APARTMENTS

No. 1018 P. 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF DELAMOR ENTERTAINMENT, 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 03/17/2014 This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited List	bility 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)	

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:

	Ctrv	Zip Code
	,	Florida
New Registered Office Address:	Enter Florida street add	liess
Name of New Registered Agent:		

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

May. 5. 2014 12:14PM

PARK LA BREA APARTMENTS

f. 3 No. 1018

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

Title	Name	Address	Type of Action
AMBR	Michelle Delamor	8614 NORTHWEST 198TH ST.	Z Add
		MIAMI, FL 33015	□ Remove
			Remove
			□ Remove
,———,			□ Add
			Remove
			2014 HAV -6 I
·			TILED OREGINES AM 8: AHRISSEE, FLORIS ORIGINATION OR
	<u></u>		Pradd 99 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

May. 5. 2014 12:14PM PARK LA BREA APARTMENTS

No. 1018 F. 4

). If smending any other information, enter change(s) here: (Attach additional sh	eets, if necessary.)
•	
Effective date, if other than the date of filing: (The effective date most be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated in Dy Son 2014	
Signature of a member or apthorized representative of a me	mber
Michelle Delamor	

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Filing Fee: \$25.00

2014 MAY -6 AM 8: 16 SECRETARY OF STATE