

L14000080425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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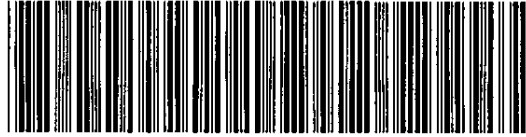
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 29 AM 11:12
TALLAHASSEE, FLORIDA

JUN 30 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Media Luna 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:

Diego Rincon

Name of Person

Firm/Company

19631 Belview Dr

Address

Cutler Bay, FL 33157

City/State and Zip Code

diegor@medialunaproductions.com

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

For further information concerning this matter, please call:

Diego Rincon

786

447-6965

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

Media Luna 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 06/26/2015 and assigned
Florida document number L14000080425.

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 contain 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)

19631 Belview Dr

Cutler Bay, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19631 Belview Dr.

Cutler Bay, FL 33157

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:

Diego Rincon

New Registered Office Address:

19631 Belview Dr

Enter Florida street address

Cutler Bay

Florida

33157

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

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	Diego Rincon	19631 Belview Dr	<input checked="" type="checkbox"/> Add
		Cutler Bay, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deicy Heredia	19631 Belview Dr	<input checked="" type="checkbox"/> Add
		Cutler Bay, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Isabel Vega	495 W 15 St	<input type="checkbox"/> Add
		Hialeah, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jined Lamata	123 Salamanca Ave.	<input type="checkbox"/> Add
		# 4	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Lined area for document content.

06/26/2015


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

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 06/25, 2015



Signature of a member or authorized representative of a member

Diego Rincon

Typed or printed name of signee

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