

AUG/14/2014/TUE 10:55 AM

L14000099430001

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000190870 3)))



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DIVISION OF CORPORATIONS  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAYORA AUDIO PRODUCTIONS LLC

Certificate of Status	0
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14 AUG 14 2014

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 14 PM 4:45

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FAX No.

P.002

860-617-6381

8/14/2014 9:31:43 AM PAGE 1/001 Fax Server



August 14, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAYORA AUDIO PRODUCTIONS LLC  
7741 NW 7TH STREET  
#205  
MIAMI, FL 33126ES

SUBJECT: MAYORA AUDIO PRODUCTIONS LLC  
REF: L14000099430

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: E14000190870  
Letter Number: 514A00017443

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14 AUG 14 AM 6:50  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MAYORA AUDIO 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 06/20/2014 and assigned  
Florida document number L14000099430.

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 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)

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:**

Name of New Registered Agent:

EDGAR ALFREDO MAYORA BERAESTEGUI

New Registered Office Address:

7741 NW 7th STREET #205

*Enter Florida street address*

MIAMI

*City*

Florida 33126

*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*

AUG/14/2014/THU 10:56 AM

FAX No.

P. 004

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>
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MGR	PAOLA D. DONATIELLO	7741 NW 7th STREET	<input type="checkbox"/> Add
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# 205	<input checked="" type="checkbox"/> Remove
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MIAMI, FL 33126
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MGR	Edgar Alfredo Mayora Berastegui	7741 NW 7th STREET	<input type="checkbox"/> Add
-----	---------------------------------	--------------------	------------------------------

# 205	<input type="checkbox"/> Remove
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MIAMI, FL 33126	<input checked="" type="checkbox"/> CHANGE
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<input type="checkbox"/> Add
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<input type="checkbox"/> Remove
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<input type="checkbox"/> Add
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<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 AUGUST 11, 2014



Signature of a member or authorized representative of a member

**EDGAR ALFREDO MAYORA BERASTEGUI**

Typed or printed name of signee

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