## 114000111418

(Po	questor's Name)	
(rte	questor's ivanie)	
(A.)	d\	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	riing Onicer.	
	•	
	•	
		j





400293025994

01/13/17--01004--004

**68**25 00

17 JAN 13 PH 2:

J. HARRIS

## **COVER LETTER**

Division of Co	porations		
SUBJECT:	SPAZIO ENTERTA	INMENT, LLC	
50bjec1	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE M GONGORA		
	<del></del>	Name of Person	
	SPAZIO ENTERTAINME	NT, LLC	
Firm/Company			
	6271 HARDING ST		
		Address	<del></del>
-	HOLLYWOOD, FL 33024		
		City/State and Zip Code	····
	manager@spaziomusic.com		
	E-mail address: (t	o be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	ıll:	
JORGE M GONGORA		305 965-4809	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

SPAZIO ENTERTAINMENT, LLC	C	un macando )
(Name of the Limited Liabil (A Florid	ity Company as it now appears on on la Limited Liability Company)	i records <sub>a</sub> )
The Articles of Organization for this Limited Liability ( Florida document number L14000111418	Company were filed on $\frac{7/15/2014}{2}$ .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		records, enter the name of the
registered agent and/or the new registered office add	<u>iress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stre	ret address
	- Ch	, 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

6

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS A GONGORA	2075 NE 164TH ST #808	
		NORTH MIAMI BEACH	■ Remove
		FLORIDA, 33162	☐ Change
MGR	LETICIA GONGORA	1263 WEST 38TH PL	■ Add
		HIALEAH, FL 33012	□ Remove
			Change
MGR	JOSE A. COSTA	1263 WEST 38TH PL	
•		HIALEAH, FL 33012	□ Remove
			Change
MGR	VIVIAN REY	1263 WEST 38TH PL	Sa Add
		HIALEAH, FL 33012	□ Remove
			Remove  Change
<u>MGR</u>	Roberto Quei Po	10050 NW 4LN Miani, FL 33172	Add ON
	Miani, FL 33172	□ Remove	
			Change 7
	<del></del>		Add
			Remove P
			Change

	g any other information, en	_			
					····
					_
					<del></del>
		·-		- <del>************************************</del>	<del>_</del>
<del></del>				<u> </u>	
			<u></u>		
					_
					<del></del>
		· · · · · · · · · · · · · · · · · · ·			_
. —			· · · · · · · · · · · · · · · · · · ·		_
		Na	<u>,                                      </u>		
·					
					_
iffective de	ate, if other than the date of date is listed, the date must be speci	filing: 01/09/17		(optional)	
an effective	date is listed, the date must be speci date inserted in this block does effective date on the Departmer	s not meet the applicable s	te of filing or more than 90 de statutory filing requireme	ays after filing.) Pursuant to nts, this date will not be	605.0207 (3)( listed as the
Note: If the	cricenve date on the Departmen	n of state s records.			
Note: If the			•		
Note: If the locument's document's document docu	specifies a delayed effect	ive date, but not an	effective time, at 12	2:01 a.m. on the ea	rlier of:
Note: If the document's document docu	specifies a delayed effect a day after the record is f	ive date, but not an iled.	effective time, at 12	2:01 a.m. on the ea	rlier of:
Note: If the locument's de record : The 90th	specifies a delayed effect day after the record is f	ive date, but not an illed.	effective time, at 12	2:01 a.m. on the ea	rlier of:
Note: If the locument's de record : The 90th	n day after the record is f	tive date, but not an filed.	effective time, at 12	2:01 a.m. on the ea	rlier of:
Note: If the document's document docu	n day after the record is f	tive date, but not an filed.	<b>]</b> .		17
Note: If the locument's de record : The 90th	n day after the record is f	11ed.  2017.  2017.	<b>]</b> .		rlier of:

Page 3 of 3

Filing Fee: \$25.00