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MAY 28 2015 D CUSHING

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Menu Pro Luchims UC DOCUMENT NUMBER:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andres F. Mens
Andres F. Mens Name of Contact Person Meno Production > LCC Firm/Company
Firm/Company 1313 NW 58th Ave
1313 NW 58th Ave Address Address City/ State and Zip Code Tay State and Zip Code
City/ State and Zip Code Meno bass a hotmal. cm E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andres F. Mence. at (786) 406 - 8615 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$35 Filing Fee & Certificate of Status Certificate of Status \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



TECEIVED

FLORIDA DEPARTMENT OF STATE DIvision of Corporations IALLAMASSIE, PLENDA

April 28, 2015

ANDRES F MENA MENO PRODUCTIONS, LLC 1313 NW 58TH AVE MARGATE, FL 33063

SUBJECT: MENO PRODUCTIONS, LLC

Ref. Number: L14000124587

We have received your document for MENO PRODUCTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 815A00008619

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mens Produtin	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1313 NW 58th Ave.
(Principal office address MUST BE A STREET ADDRESS)	Margare FC 3306'3.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1313 NW 58ter Av. Novjote FC 33063.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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

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>	Name	Address	Type of Action
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Filing Fee: \$25.00