

600264147346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

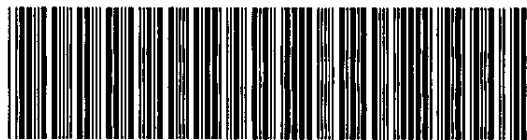
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 17 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Artist Group Miami 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:

Miguel A. Gonzalez Jr.  
Name of Person

\_\_\_\_\_  
Firm/Company

16950 W Bay Rd #1917  
Address

Sunny Isles FL 33160  
City/State and Zip Code

XMiguelGonzalez@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Gonzalez at (786) 797-1200  
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

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Artist Group Mgmt. LLC  
(Name of the Limited Liability Company as it now appears on a

Page 1 of 3

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>
MGR	Miguel A. Gonzalez S.R.	16950 N. Bay Rd #1917	<input checked="" type="checkbox"/> Add
		Sunny Isles Fl, 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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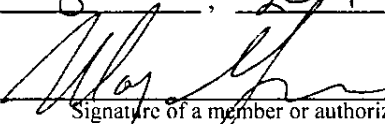
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 September 8<sup>th</sup>, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Miguel A. Gonzalez J.P.  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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