L14000160237

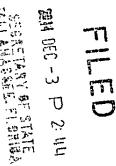
(Requestor's Name)		
(Address)		
V.		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000266906440

12/03/14--01017--015 **30.00



B. BOSTICK
DEC 11 2014
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
	KA FILMS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANCISCO AMAT	•	
		Name of Person	
	ZATOPEKA FILMS I		
		Firm/Company	======================================
	1100 ALHAMBRA C	IRCLE	
		Address	10 W
	CORAL GABLES		
	francis@zatopekafiln	City/State and Zip Code ns.com	2: 44
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	•
Francisco Amat		786 8539462	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
= \$20.00 I IIIIg I 00	Certificate of Status	Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZATOPEKA FILMS LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s,</u>)	
The Articles of Organization for this Limited Liability Co. Florida document number L14000160237	ompany were filed on	4, 2014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LL		<u>;</u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)	A A	-
			7
Enter new mailing address, if applicable:		co 	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		13 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		> -	_
B. If amending the registered agent and/or registered agent and/or the new registered office addr		s, enter the name of the	e ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addres	75	
	, r i	orida 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 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>Address</u>	Type of Action
AP	HAYES, MATTHEW J	1661 SW 32 COURT	□ Add
		MIAMI, FL 33145	■ Remove
AP	LAVERNIA, LAURA	1661 SW 32 COURT	
		MIAMI, FL 33145	Remove
AP	HAMER, RUSSELL D	9176 AFFIRMED LANE	Ba □ Add
		BOCA RATON, FL 33496	Remove
AP	AMAT, PABLO	1100 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
AP	AMAT, ALVARO	1100 ALHAMBRA CIRCLE	Remove
		CORAL GABLES, FL 33134	Add □ Remove
AP	AMAT, JACOBO	1100 ALHAMBRA CIRCLE	
		CORAL GABLES, FL 33134	☐ Remove

	ling any other information, enter change(s) here: (Attach add	
_		
	data if ather they date of fillings	(ti1)
The effecti	e date, if other than the date of filing: ve date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date and cannot be	oot be more than 90 days after
D	nis document is filed by the Florida Department of State) ECEMBER, 1 2014	
Dated		
	Signature of a member or authorized representa	tive of a member
	FRANCISCO AMAT	aive of a member
	Typed or printed name of signe	e
		PA S
		130 At 1
		e constant of the constant of

Page 3 of 3

Filing Fee: \$25.00