

L14000172449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

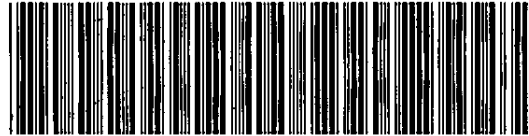
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

611

Office Use Only



500284363715

04/08/16--01014--014 \*\*25.00

FILED  
2016 APR 20 A 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2016  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2016

MICHAEL VIERA  
4770 BISCAYNE BLVD, STE 900  
MIAMI, FL 33137

SUBJECT: VANDAL SERIES, LLC  
Ref. Number: L14000172449

We have received your document for VANDAL SERIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 916A00007348

2016 APR 19 PM 4:08

RECEIVED  
TALLAHASSEE, FLORIDA

RECEIVED  
TALLAHASSEE, FLORIDA

2016 APR 20 A 11:43

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Vandal Series, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Michael Viera

\_\_\_\_\_  
Name of Person

Michael Viera, PA

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

4770 Biscayne Blvd., Suite 900

\_\_\_\_\_  
Address

Miami, Florida 33137

\_\_\_\_\_  
City/State and Zip Code

accounting@rtmp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Viera

786

200-4705

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 20 A 11:43

FILED

**TO  
ARTICLES OF ORGANIZATION  
OF**

Vandal Series, 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 November 11, 2014 and assigned  
Florida document number L14000172449.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Vandal Film, LLC

The new name must be distinguishable and contain 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)**

4770 Biscayne Blvd., Suite 900

Miami, Florida 33137

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4770 Biscayne Blvd., Suite 900

Miami, Florida 33137

**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:

Michael Viera

New Registered Office Address:

4770 Biscayne Blvd., Suite 900

*Enter Florida street address*

Miami

*City*

, Florida

*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

FILED  
2016 APR 20 A 12:43  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2018 APR 20 A 43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Blank lined area for document content.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on or before earlier of:  
(b) The 90<sup>th</sup> day after the record is filed.

Dated

3/29/16

Signature of a member or authorized representative of a member

Michael Viera

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 20 A 11:43

FILED