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TO: Registration Se Division of Cor					
Movie To	eam Movie Group. LLC				
SUBJECT:	Name of Limite	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.			
Please return all correspo	ondence concerning this matter to	the following:			
	David Carrasco				
		Name of Person			
		Firm/Company	.		
	10140 SW 21st Stree	t			
		Address			
	Miramar, FL 33025				
		City/State and Zip Code			
	dcarras87@gmail.com			图图	
	E-mail address: (to	be used for future annual report notifica-	ation)		***************************************
For further information c	oncerning this matter, please call	:		EB IO	
David Carrasco		305 343-4523			
Name o	f Person		elephone Number	EE FLOWING	* Arr
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)	Certified (e of Status &	

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

Movie Team Movie Group, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000008728</u> .	were filed on January 15th, 2015 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:
Movie Team Music Group, LLC	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16969 NW 67th Ave #202
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33015
Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE BOX')	C.T. C.T.
	Sign O
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:	ffice address on our records, enter the name of the new
-	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ Add
			Remove
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fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed of e date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
Pated	ase
Signature of a member of authorize	d representative of a member
David Carrasco Typed or printed na	

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Filing Fee: \$25.00

