## 11500033893

(Requestor's Name)
(Address)
(Address)
(163.535)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800309479908

03/02/18--01011--006 \*\*25.00

18 MAR -2 PM 7: 01

SECRETARY OF STATE

## **COVER LETTER**

Division of Col					
SUBJECT:	oductions, LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Fernando Cobelo				
		Name of Person			
	Cobelo Productions, LLC				
		Firm/Company			
	9500 SW 51st Street				
		Address			
	Miami, FL 33165				
		City/State and Zip Code			
	fernando@cobeloproductio				
	E-mail address: (	to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please ca	all:			
Fernando Cobelo		305 450-1345			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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

TO:

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

Cobelo Productions, LLC			
(Name of the Limited Liability Compar (A Florida Limited I.	iy as it now appears of iability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.15000033893	were filed on Februa	ary 23, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	nation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			TAN SE
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		B MAR
			R HAS
Enter new mailing address, if applicable:			SEE.
(Mailing address MAY BE A POST OFFICE BOX)			7:07:07:
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City	, i lottua	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
President	Fernando Cobelo	9500 SW 51st Street	Add
		Miami, FL 33165	☐ Remove
			Change
		<del></del> .	Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
			□ Remove
		<del></del>	☐ Change
			☐ Remove
			Change
		<del></del>	Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		_	
		_	
		_	
		_	
		_	
	· · · · · · · · · · · · · · · · · · ·	-	=
		- 85. - 35.	ſĂĹĽ <i>ĸ</i>
		MAR -2	LAHASSI
		2 PM	SEE. F
		M 7: 0	. FLO
		- <b>0</b>	FLORIDA
		_	
		_	
		_	
		_	
(If an e <u>Note</u>	ctive date, if other than the date of filing:  (optional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 60  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	)5,0207 ( sted as t	(3)(b) :he
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl ne 90th day after the record is filed.	lier of:	
Date	d		
	Olga M. Cobelo  Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		
	Olga M Cobelo  Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00