

#L15000047457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

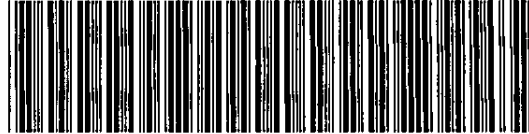
(Business Entity Name)

(Document Number)

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K. SALY
EXAMINER

MAR -4 2015

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.102 FAX: (800) 388-0330
EMAIL: jenny@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: Tuesday, April 21, 2015

FROM: JENNY CHACON

Client Matter: # 9003680-5369516

TO: Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **THE MAGIC CITY MOVIE, LLC**

Enclosed is one of the following: **(X) Articles of Amendment**

Return request with filing: **(1) Certified Endorsed Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (8)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET, COMMERCE, CA 90040****

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S): CHECK# 783272 \$55.00 (FILING FEE)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE MAGIC CITY MOVIE, 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:

Jenny Chacon

Name of Person

Attorneys Corporation Service Inc.

Firm/Company

5668 E. 61st Street

Address

Commerce, CA 90040

City/State and Zip Code

jenny@attorneyscorpsservice.com

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

For further information concerning this matter, please call:

Jenny Chacon

800 462-5487

Name of Person

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE MAGIC CITY MOVIE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/16/2015 and assigned Florida document number L15000047457.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
City 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JONES, MALCOM J	5645 CORAL RIDGE DRIVE, SUITE 258	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Remove
MGR	R. MALCOM JONES	5645 CORAL RIDGE DRIVE, SUITE 258	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

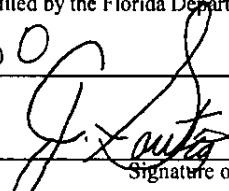
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25 APR 23 PM 4:5
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 3/30, 2015.



Signature of a member or authorized representative of a member

JYQUETTA SANTIAGO

Typed or printed name of signee

FILED
2015 APR 23 PM 4:51
CLERK OF COURT
HALLANDALE BEACH, FLORIDA