

L15000055469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

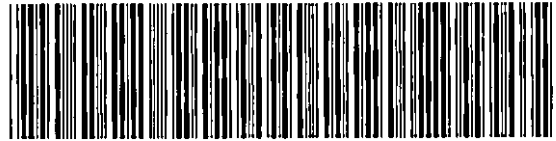
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500374895445

10/28/21--01002--008 \*\*25.00

RECEIVED

2021 OCT 27 PM 4:22

2021 OCT 27 PM 9:19

Amend

OCT 28 2021  
I ALBRITTON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 10/27 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

☐ **CUS**

**XX FILING**

LLC AMEND

**1. CINESTREAM PICTURES LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CINESTREAM PICTURES 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:

\_\_\_\_\_  
ESCOTTO LOPEZ, ANTHONY M

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

\_\_\_\_\_  
CINESTREAM PICTURES LLC

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

\_\_\_\_\_  
1251 NE 108TH ST STE 323

\_\_\_\_\_  
Address

\_\_\_\_\_  
MIAMI, FL 33161

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

\_\_\_\_\_  
info@cinestreampictures.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
ESCOTTO LOPEZ, ANTHONY M

\_\_\_\_\_  
305 753-3453  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CINESTREAM PICTURES 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 03/30/2015 and assigned  
Florida document number L15000055469

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 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)

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 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>	<u>Type of Action</u>
MGR	EVARISTA ESCOTTO	70 NW 123RD STREET	<input type="checkbox"/> Add
		MIAMI FL 3168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTHONY M ESCOTTOLOPEZ	70 NE 123RD ST	<input type="checkbox"/> Add
		MIAMI FL 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CEO	CHRISTIAN MORENO	600 NW 6TH STREET #407	<input type="checkbox"/> Add
		MIAMI FL 33136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	JOHNELL CELESTINO	600 NW 6TH STREET #407	<input type="checkbox"/> Add
		MIAMI FL 33136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CTO	RANDY SOSA	600 NW 6TH STREET #407	<input type="checkbox"/> Add
		MIAMI FL 33136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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

Signature of a member or authorized representative of a

ANTHONY M ESCOTTOLOPEZ

**Filing Fee: \$25.00**