500067408

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	ertified Copies Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



300290087673

09/19/16--01011--001 **25.00

OCT 27 70 POR PUS

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE		y Cinema. LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		SEC TALL/	2016 (
Pleas ₂ r	return all correspo	ndence concerning this matter	to the following:		RETAI	1116 OCT 25
		Jonas Lowrance			R (OF STATE SSEE, FLORID)	
		-	Name of Person		01.0	<u></u>
		Michael Bay Cinema, LLC			RIDA	PM 4: 43
			Firm/Company		-	
		259 S. Coconut Lane				
			Address		•	
		Miami Beach, FL 33139				
			City/State and Zip Code		-	
		jonas@michaelbaycinema.c				
		E-mail address: (to be used for future annual report notif	lication)		
For furt	ther information c	oncerning this matter, please ca	all:			
Jonas I	_owrance		310 498-9090 at ()			
	Name o	t Person		e Telephone Number		
Enclose	ed is a check for the	ne following amount:				
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
	Registr	ING ADDRESS: ration Section	STREET/COURI Registration Section Division of Corpor	on		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2016

JONAS LOWRANCE 259 S COCONUT LANE MIAMI BEACH, FL 33139

SUBJECT: MICHAEL BAY CINEMA, LLC

Ref. Number: L15000067408

We have received your document for MICHAEL BAY CINEMA, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P08000058028.

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.

Jenna D Harris Regulatory Specialist II

1 25 解10:36

Letter Number: 016A00020253

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

Michael Bay Cinema, LLC	Campany as it now appears on our records			
(A Florida Lin	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000067408</u>	npany were filed on $\frac{4/17/2015}{}$	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
MBC Worldwide, 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 ADDRES	<u> </u>			
		8		
		1 5 T		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		₽ 123		
		36		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		er the name of the new		
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 A	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 **Type of Action Title** <u>Name</u> Address ☐ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _☐ Change Dadd Ωo

_□ Remove

☐ Change

D. If amending	any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
		
		
		
<u></u>		
		Annual Control of the
		
		10.00 at 100 c
Note: If the d	e, if other than the date of filing: the is listed, the date must be specific and cannot be prior to date of filing or more than 9 late inserted in this block does not meet the applicable statutory filing require fective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0207 (ments, this date will not be listed as t
	pecifies a delayed effective date, but not an effective time, at day after the record is filed.	
Dated Octobe	er 14	16 00
		·
<u> </u>		
\subseteq	Signature of a member or authorized representative of a mem	ber A CO

Page 3 of 3

Filing Fee: \$25.00