

L16000189019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

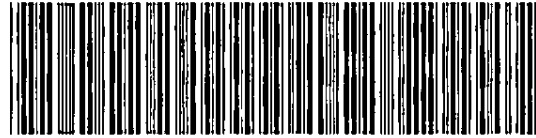
(Business Entity Name)

(Document Number)

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CLERK OF STATE
20 JAN 31 PM 5:13

Amend

FEB 27 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARIBE MUSIC GROUP, 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:

ALEJANDRO GONZALEZ, ESQ.

Name of Person

QUINTERO BROCHE, P.A.

Firm/Company

75 VALENCIA AVENUE, SUITE 800

Address

CORAL GABLES, FL 33134

City/State and Zip Code

AGONZALEZ@QUINTEROLAW.NET

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

For further information concerning this matter, please call:

ALEJANDRO GONZALEZ, ESQ.

305 446-0303
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)

2011 JUN 10 10:03 AM
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
REGISTRATION SECTION

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**

CARIBE MUSIC GROUP, 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 10/12/2016 and assigned
Florida document number L16000189019.

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)

1710 SW 154 PATH

MIAMI, FLORIDA 33185

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1710 SW 154TH PATH

MIAMI, FLORIDA 33185

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:

BORIS ARENCIBIA

New Registered Office Address:

1710 SW 154 PATH

Enter Florida street address

MIAMI

City

, Florida 33185

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	ROBERT ARENCIBIA	3138 CORAL WAY	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BORIS ARENCIBIA	1710 SW 154th Path	<input checked="" type="checkbox"/> Add
		Miami, Florida 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 19

2019



Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee