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COVER LETTER

Division of Co	rporations			
	LATINO ENTERTAINMENT	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JOEL BARRIOS			
		Name of Person		
	ESPIRITO LATINO ENTERTAINMENT LLC			
	Firm/Company			
	2226 PATTERSON AVE			
		Address		
	KEY WEST, FL. 33040			
		City/State and Zip Code		
	LIBERTYTAX6568@GM/	ML.COM to be used for future annual report notific	antian)	
For further information	concerning this matter, please co		.attou)	"a
JOHN MOEN		305 453-6642 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)	Certified C	of Status & 2

MAILING ADDRESS:

TO:

Registration Section

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

ESPIRITO LATINO ENTERTAINMENT LLC

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

,	02/10/2017		
The Articles of Organization for this Limited Liability Co		******	_ and assigned
Florida document number L17000033398	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
ESPIRITU LATINO ENTERTAINMENT, LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company." the designation	'LLC'' or the abbru	viation "L.I. C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDR)	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ords, <u>enter th</u>	e name of the new
Name of New Registered Agent:			·
New Registered Office Address:			in i
new regimered office radicals.	Enter Florida street a City	ddress	
		, Florida	17)
	City		Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my dutie ent as provided for in Chapter 6	s, and I am far. 105, F.S. Or. if	niliar with and this document is
	If Changing Registered Agent Signa	tura of Nau David	tered 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>	Name	<u>Address</u>	Type of Action
MGR	JOEL A ESCOBAR BARRIOS	2226 PATTERSON AVE	
		KEY WEST, FL. 33040	Remove
			Change
			Remove
			Change
			
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m effective o ote: If the	date is listed, the date must date inserted in this blo effective date on the De	be specific and cannot ock does not meet th	t be prior to date of f e applicable statut	ling or more than 90 da	ys after filing.) Pursuan	t to 605.0207 (3) be listed as the
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	specifies a delayed n day after the reco		but not an effe	ctive time, at 12	::01 a.m. on the	earlier of:
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ited		<u> </u>	<u></u>			
	DO Bai	1 <				
				sentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00