

L17000206138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

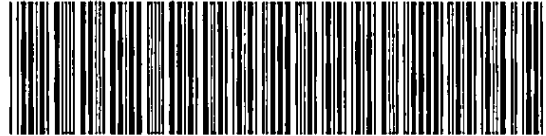
(Business Entity Name)

(Document Number)

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2017 NOV 30 PM 1:04

DEC 01 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADRIANCOLINAPHOTOVIDEO, 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:

Adrian Colina  
Name of Person

ADRIANCOLINAPHOTOVIDEO, LLC.  
Firm/Company

3309 SW 5<sup>th</sup> Street.  
Address

Fort Lauderdale, FL 33312  
City/State and Zip Code

AdrianColina@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian Colina at (407) 733-7498  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2017

ADRIAN COLINA  
3309 SW 51ST STREET  
FORT LAUDERDALE, FL 33312

SUBJECT: ADRIANCOLINAPHOTOVIDEO, LLC  
Ref. Number: L17000206138

We have received your document for ADRIANCOLINAPHOTOVIDEO, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Letter Number: 817A00023594

2017 NOV 30 AM 9:51

SECRET

2017 NOV 30 PM 1:04

511

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

ADRIANCOLINA PHOTOVIDEO, 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 October 5<sup>th</sup>, 2017 and assigned  
Florida document number ~~22-3046542~~ L17000 206138

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 "L.L.C." 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	Adrian Colina	2801 NE 183 <sup>rd</sup> street	<input checked="" type="checkbox"/> Add
		Apt. 405	<input type="checkbox"/> Remove
		Aventura, FL 33160	<input type="checkbox"/> Change
AMBR	Danieia Sepulveda	2801 NE 183 <sup>rd</sup> street	<input checked="" type="checkbox"/> Add
		Apt. 405	<input type="checkbox"/> Remove
		Aventura, FL 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 November 27, 2017

Adrian Colina

Typed or printed name of signee

**Filing Fee: \$25.00**

2017-01-01