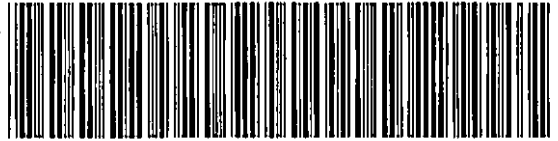


L17000254757

Caribbean Pictures Entertainment LLC
11921 Sunshine Ln
Treasure Island, FL 33706



000315784950

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/07/18--01003--002 **25.00

18 AUG 30 AM 7:35

SEP - 6 2018

S. PRATHER

NO \$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2018

CARIBBEAN PICTURES ENTERTAINMENT LLC
11921 SUNSHINE LN
TREASURE ISLAND, FL 33706

SUBJECT: CARIBBEAN PICTURES ENTERTAINMENT LLC
Ref. Number: L17000254757

2018 AUG 30 AM 10:3

We have received your document for CARIBBEAN PICTURES ENTERTAINMENT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 318A00016619

TECH TRAVEL LLC 4219 GULF BLVD ST PETE BEACH, FLORIDA 33706 (727) 592-2286		0986	
DATE <u>8/27/18</u>		9-32/720	
PAY TO THE ORDER OF <u>Department of State</u>		\$ <u>25.00</u>	
<u>Twenty five dollars & 00/100</u>		DOLLARS	
CHASE JPMorgan Chase Bank, N.A. www.Chase.com			
FOR <u>Letter # 318A00016619</u>			

Caribbean Pictures Entertainment LLC

2018 AUG -25 AM 11:02

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
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

Civ

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

NOA

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	Brandon Dean Tecklenburg	4219 Gulf Blvd	<input checked="" type="checkbox"/> Add
		St Pete Beach, FL 33706	<input type="checkbox"/> Remove
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[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.

Dated August 2nd 2018

John R. DeSilva
Signature of a member or authorize

Signature of a member or authorized representative of a member

John R DeSilva
Typed or printed name of signer

Typed or printed name of signee

$$\begin{array}{r} 18 \\ 30 \\ \hline 48 \end{array} \quad \begin{array}{r} 7:35 \\ 1:17 \\ \hline 8:52 \end{array}$$