118000024650

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #))
PICK-U	P WAIT	MAIL
<u></u>	(Business Entity Name)	1
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	

Office Use Only



800308536858

02/05/18--01031--022 **25.00



C STATIONS

	(COVER LEȚTER	•
TO: Registration Sec Division of Corp		•	·
THE ACTO			
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	CARLOS BORNACELLI	OR CARLOS CHACIN	
		Name of Person	
	THE ACTORY, LLC		
		Firm/Company	
	2625 NW 20TH ST		
		Address	
	MIAMI ,FL 33143		
		City/State and Zip Code	
	CARLOSBORNACELLUR		
	E-mail address: (t	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	dt:	
CARLOS BORNACELL	.i	305 299-4386 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Fiting 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ACTORY, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Florida document number L18000024650	Company were filed on 01/29/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-71
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14 D. 52
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our recordress here:	rds, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		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>	Type of Action
MRG	JUAN CARLOS BORNACELLI		Add
			☐ Remove
			☐ Change
			☐ Remove
			D Change
			Add
			□ Remaye
			□ ∧dd
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			☐ Add
			Веточе
			☐ Change

NAME WAS ENTERED AS JUAN CARLOS BORNA	CELLI, BUT THE NAME IS:
CARLOS BORNACELLI. PLEASE REMOVE "JUAN	" FROM THE NAME
	, C
	* 4
	, ¿
ective date, if other than the date of filing: $\frac{01/26/201}{1}$	(antional)
note that the first the data must be expecited and cannot be Dri	or to date of filing or more than 90 days after filing.) Pursuant to 605 licable statutory filing requirements, this date will not be list
ument's effective date on the Department of State's record	ds.
the self-residenced effective date, but r	not an effective time, at 12:01 a.m. on the earli
he 90th day after the record is filed.	iot dir circuit ciric, de 22102 dissi dissi
JANUARY 30 2018	
ed	·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00