

L18000024650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

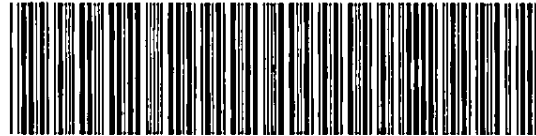
(Business Entity Name)

(Document Number)

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18 FEB -5 AM 10:51

C. G. MONS

11/06/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE ACTORY, 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:

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

CARLOS BORNACELLIJR@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS BORNACELLI

305 299-4386  
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)

### 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



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>                      |
|--------------|------------------------|----------------|--|
| MRG          | JUAN CARLOS BORNACELLI |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input checked="" type="checkbox"/> Change |
|              |                        |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input checked="" type="checkbox"/> Change |
|              |                        |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input checked="" type="checkbox"/> Change |
|              |                        |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input type="checkbox"/> Change            |
|              |                        |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input type="checkbox"/> Change            |
|              |                        |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

THERE WAS A MISTAKE ON THE NAME OF ONE OF THE MEMBERS.

NAME WAS ENTERED AS JUAN CARLOS BORNACELLI, BUT THE NAME IS :

CARLOS BORNACELLI. PLEASE REMOVE "JUAN" FROM THE NAME

18 FEB -5 AM 10:51


**E. Effective date, if other than the date of filing:** 01/26/2018 **(optional)**

*(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)*

**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.

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 JANUARY 30, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SABRINA SANTUCHO - SANTUCHO ACCOUNTING SOLUTIONS, INC.

\_\_\_\_\_  
Typed or printed name of signer