

L18000100897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

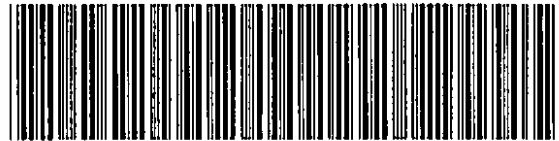
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/18--01052--012 **35.00

4-30-2018 10:00 AM

2018 JUN 28 A 9:17

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7/2/18 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHITE BROTHERS EVENTS 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:

ANDY FUENTES

Name of Person

WHITE BROTHERS EVENTS LLC

Firm/Company

7101 SW 129 AVE APT #3

Address

MIAMI, FL 33183

City/State and Zip Code

WHITEBROTHERSEVENTS@GMAIL.COM

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

For further information concerning this matter, please call:

ANDY FUENTES

786 216-8784

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

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2018 JUL 28 A 9:17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2018

ANDY FUENTES
7101 SW 129 AVE APT #3
MIAMI, FL 33183

SUBJECT: WHITE BROTHERS EVENTS LLC
Ref. Number: L18000100897

We have received your document for WHITE BROTHERS EVENTS 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 918A00009307

2018 JUN 28 AM 9:17

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RECEIVED

2018 JUN 28 AM 10:17

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

White Brothers & Sons 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 04/23/2018 and assigned
Florida document number L18000160897.

This amendment is submitted to amend the following:

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

White Brothers Productions LLC

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

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	Alejandro Piñeros	211 Fairlake Trace	<input type="checkbox"/> Add
		Weston, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Andy Fuentes	7101 SW 129 Ave apt 3	<input type="checkbox"/> Add
		Miami, FL 33183	<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
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change


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2018-01-28 / 9:17

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 05/25, 2018.

05/25 2018


Signature of a member or authorized representative of a member

Andy Fuentes
Typed or printed name of signee