L18000127491

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AMBAR DIAZ, P.A.
Account Number : I20110000016
Phone : (305)476-8100
Fax Number : (305)422-6222

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: amillagenedance@gmail.com

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18 AUG 16 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**BEST OF RHYTHM PRODUCTIONS LLC**

| | |
|---|---|
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SIMMONS
AUG 1 , 2018

# COVER LETTER (((H18000239661 3)))

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** BEST OF RHYTHM PRODUCTIONS 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:

EMMANUEL P ANTOINE
Name of Person

BEST OF RHYTHM PRODUCTIONS LLC
Firm/Company

7581 CUMBERLAND ROAD UNIT 4
Address

LARGO, FL 33777
City/State and Zip Code

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

For further information concerning this matter, please call:

ANA LLORENTE at (678) 471-4571
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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# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

BEST OF RHYTHM PRODUCTIONS 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 05/22/2018 and assigned Florida document number L18000127491.

This amendment is submitted to amend the following:

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

NO CHANGES

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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Enter new principal offices address, if applicable:
*(Principal office address MUST BE A STREET ADDRESS)*

NO CHANGES

Enter new mailing address, if applicable:
*(Mailing address MAY BE A POST OFFICE BOX)*

NO CHANGES

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: ENMMANUEL P ANTOINE

New Registered Office Address: NO CHANGES

*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



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**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

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**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| P | MEHMET ZEKI MAVIYILDIZ | 24 LOCOLE DR.<br>ARDEN, NC 28704 | ☐ Add<br>■ Remove<br>■ Change |
| P | EMMANUEL P ANTOINE | 211 W 56TH ST, #17C<br>NEW YORK, NY 10019 | ☐ Add<br>☐ Remove<br>■ Change |
| VP | ANA I LLORENTE | 1130 TRAILMORE DR.<br>ROSSWELL, GA 30076 | ☐ Add<br>☐ Remove<br>☐ Change |
| | | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | | ☐ Add<br>☐ Remove<br>☐ Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)* (((H18000239661 3)))

NO CHANGES

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E. Effective date, if other than the date of filing: _____ (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 AUGUST 15, 2018.

Signature of a member or authorized representative of a member

EMMANUEL P ANTOINE

Typed or printed name of signee



Filing Fee: $25.00

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