

2019-03-26 00:02 PEDRO

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850-617-6381

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https://enr.sunbiz.org/scripts/enr/covr.exe

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : PEDRO LOZQUEZ  
Account Number : 120170000942  
Phone : (954) 653-8413  
Fax Number : (954) 432-8807

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

Email Address: PLUTQUINO@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IMMORTAL PRODUCTIONS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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SECRETARY OF STATE  
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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IMMORTAL 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:

EDUARDO A DELGADO SATAS

Name of Person

Firm/Company

108 NW 98TH TERRACE

Address

PLANTATION, FL 33324

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

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

For further information concerning this matter, please call:

PEDRO LUZQUINOS

954

655-8413

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**

IMMORTAL 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 05/24/2018 and assigned  
Florida document number 119000130761

This amendment is submitted to amend the following:

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

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

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TALLAHASSEE, FL

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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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>              | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------------------|----------------------|--------------------------------------------|
| AMBR         | GRAMITTO, RODRIGO        | 108 NW 98TH TERRACE  | <input type="checkbox"/> Add               |
|              |                          | PLANTATION, FL 33324 | <input checked="" type="checkbox"/> Remove |
|              |                          |                      | <input type="checkbox"/> Change            |
| AMBR         | DELGADO SALAS, EDUARDO A | 108 NW 98TH TERRACE  | <input checked="" type="checkbox"/> Add    |
|              |                          | PLANTATION, FL 33324 | <input type="checkbox"/> Remove            |
|              |                          |                      | <input type="checkbox"/> Change            |
|              |                          |                      | <input type="checkbox"/> Add               |
|              |                          |                      | <input checked="" 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            |
|              |                          |                      | <input type="checkbox"/> Add               |
|              |                          |                      | <input type="checkbox"/> Remove            |
|              |                          |                      | <input type="checkbox"/> Change            |

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ATTN: MGRS

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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 MARCH 25 2019

*[Handwritten signature]*

Signature of a member or authorized representative of a member

EDUARDO A DELGADO SALAS

Typed or printed name of signee