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COVER LETTER

Division of Corporations
SUBJECT: VAIGNZUGLA 8 FLEISHTON ARTIST MANOGEMENTILLC 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:
Rolando Valenzuelo Fleishman
Firm/Company
333 #V65 BOIRT RO#4
City/State and Zip Code VYF334 Oath. Let E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robuso Volanzuch Fleicher at (305) 7854171 Name of Person at (305) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee. \$\square\$ Certificate of Status & \$\square\$ (additional copy is enclosed) \$\square\$ \$\square\$ (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

VALENZUGIA 8 TLEISHMON INRTIST MON appears on our records.)
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(711 1141 1141 1141 1141 1141 1141 1141	1	
The Articles of Organization for this Limited Liability Company w	ere filed on 10 17/2	OIE and assigned
The Articles of Organization for this Limited Clabinty Company w	ere med on	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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)		
Trincipal office unaress most 22 from		
	•	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce address on our records	s, enter the name of the new
registered agent and/or the new registered office address here:		<u>~ 25</u>
Name of New Registered Agent:		
Name Of New Neglytered Argent.		
New Registered Office Address:	Enter Florida street addres	· · · · · · · · · · · · · · · · · · ·
	•	
	, Fle	orida
	City	7.lp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of	performance of my auties, ar rovided for in Chapter 605,	F.S. Or, if this document is
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date of filing:	(optional)
Tective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable of the date inserted in this block does not meet the applicable of the date.	te of filing or more than 90 days after filing.) Pursuant to 605.0
ment's effective date on the Department of State's records.	maiator, y mang to quantum and a management
ecord specifies a delayed effective date, but not an e 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
Signature of a member or authorized Cuka S Marche Typed or printed nar	
ERIKO S. NARCI	Ò
Signature of a member or authorized	I representative of a member
	. 1// /

Page 3 of 3

Filing Fee: \$25.00