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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:		<i>.</i> ;	- 6	
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		<b>&gt;</b> ::		C	>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIG LIGAS TOURING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ADDITION OF ANY ANY CONTRACTOR OF THE STREET

ARTICLES OF AMENDMENT		
TO		
ARTICLES OF ORGANIZATION	÷	**
OF .s.		
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Sig Ligas Touring, LLC	γC
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0270}{100}$	4/2019 and assigned
Florida document number 1.19000028732	
This amendment is submitted to amend the following:	23. 23
A. If amending name, <u>enter the new name of the limited liability company her</u>	
The new name must be distinguishable and contain the words "Limited Liability Company." the des	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	. is
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 egistered agent and/or the new registered office address here:	our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florie	lo street address
	Florida
City	44° C, 040°

## 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Paulo Londra	1645 N. Vine Street, Penthouse 1002	■ Add
		Los Angeles, CA 90028	☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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			D Add
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		······	□ Change
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DIVISION OF CORPORATIONS	Page 4 of 4	2019-10-30 21 27:58 (GMT)	18886118813 From Vcorp Service
D. If amending any other info	rmation, enter	change(s) here: (Attoch additional	sheets, if nocessary.)
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			(assertance)
E. Effective date, if other than (II an effective date is bated, the dat <u>Note</u> ; If the date inserted in the document's effective date on the	e must be specific a ris block does not	nd cannot be prior to date of filing or more the meet the applicable statutory filing (ec	(optional) han 90 days after filing.) Pursuant to 605,9207 (3)(b) puirements, this date will not be listed as the
If the record specifies a dela (b) The 90th day after the			e, at 12:01 a.m. on the earlier of:
Dated October 30		2019	
		/ <i>J</i> /\ /\	

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Typed or printed name of signee

Signature of a member or authorized representative of a member

CRISTIAN ANDRES SALAZAR

Filing Fee: \$25.00