

L20 000184276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

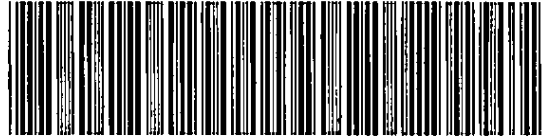
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
JULIA S. FLORES  
SEP 15 2020  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M10 ENTERTAINMENT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATHEUS, ALEJANDRO J

Name of Person

M10 ENTERTAINMENT, LLC

Firm/Company

1896 WATER RIDGE DR.

Address

WESTON, FL 33326

City/State and Zip Code

m10enter@gmail.com

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

For further information concerning this matter, please call:

MATHEUS, ALEJANDRO J

954 257-1514  
at ( )  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2020 JUL 24 AM 10:25  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA  
CLERK OF COURT  
ASSISTANT

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>
MBR	MATHEUS, ALFREDO E	6301 N FALLS CIRCLE DRIVE, BLD 2, APT #313	<input type="checkbox"/> Add
		LAUDERHILL, FL 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	MATHEUS, ALEJANDRO J	1896 WATER RIDGE DR.	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The only purpose of this amendment is to change the TITLE of both members.

Instead of AMBR we need it to be MBR for both members.

Anything else should remain the same.

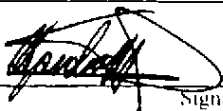
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 July 21 \_\_\_\_\_, 2020



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alejandro Matheus

\_\_\_\_\_  
Typed or printed name of signee