

121 000 176 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

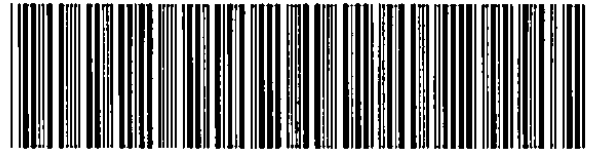
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www.sunbiz.org
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida
32314

A

TO: Registration Section
Division of Corporations

WE WANT TO FILM LLC

SUBJECT: _____
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:

NELSON A MORENO

Name of Person

WE WANT TO FILM LLC

Firm/Company

2701 BISCAYNE BOULEVARD, 5129

Address

MIAMI, FL, 33137

City/State and Zip Code

CHARLIENELSONM@GMAIL.COM

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

For further information concerning this matter, please call:

NELSON A MORENO

786

8321768

Name of Person

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

TO
ARTICLES OF ORGANIZATION
OF

WE WANT TO FILM LLC

21 OCT 14 PM 12: 50

(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 April 15, 2021 and assigned
Florida document number L21000176364

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:

17021 NORTH BAY ROAD, UNIT 714

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH, FL

33160

Enter new mailing address, if applicable:

17021 NORTH BAY ROAD, UNIT 714

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH, FL

33160

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:

NELSON A MORENO

New Registered Office Address:

17021 NORTH BAY ROAD, UNIT 714

Enter Florida street address

SUNNY ISLES BEACH

Florida

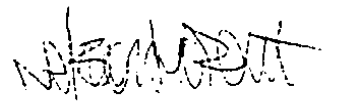
33160

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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MGR	NELSON A MORENO	17021 NORTH BAY ROAD, UNIT 714 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 OCT 14 PM 12:50

I ONLY NEED TO UPDATE THE ADDRESS, AND AMEND MY NAME, WHICH WAS WRONG
WRITTEN.

CORRECT NAME: NELSON A MORENO

CORRECT ADDRESS: 17021 NORTH BAY ROAD, UNIT 714, SUNNY ISLES BEACH, FLORIDA, 33160

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 60S.0207(3)(l)

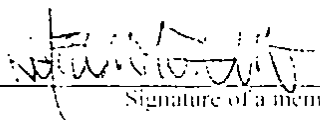
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

OCTOBER 12

2021

Dated _____



Signature of a member or authorized representative of a member

NELSON A MORENO

Typed or printed name of signee