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Office Use Only



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21 JUL 16 PH12: 24

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Andre Ramon Entertainment 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:
RAYmond Spices
Firm/Company
556 Morthwest 100th Street
Miami fl 33150 City/State and Zip Code
Duece 847@ anail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAYmond Spicer at (786) 322-09/2
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sade Status Solution Status Solution Status Service Service Solution See Service Solution See Service Solution See See Service See Solution See See Service See See Service See See See See See See See See See S

#### 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andre Ramon Entertain	nment LLC	16 PM12: 24
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1300037033}{100037033}$ .	were filed on JUNE 18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		est 100th Street
(Principal office address MUST BE A STREET ADDRESS)	Miani 51, 551	50
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	556 Northu Miani Fl, 331	est 100th Street
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

4

MGR = M $AMBR = A$	lanager Authorized Member	And Hall College	
<u>Title</u>	<u>Name</u>	Address 16 PH 12: 24	Type of Action
			□Add
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### Page 2 of 3

lfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 JUL 16 PH 12: 24
Note	tive date, if other than the date of filing: \( \) \(\
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	i,
	RAYMOND SPICE  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Day 1 60'100
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