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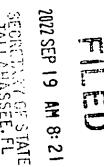
(Requestor's Name)
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(Business Entity Name)
(Document Number)
(Social Name)
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C/12/12/2022

COVER LETTER

	on of Corporations	
	inemttr LLC	
SUBJECT:	Name of Limited Liability Company	_
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Juan Azulay	
	Juan Azulay	
	Name of Person	
	Cinemttr LLC	
	Firm/Company	
	212 NW 73rd Street	
	Address	
	Miami, FL 33154	
		_
For further inf		
Juan Azulay		
	Name of Person Area Code Daytime Telephone Num	nber
Enclosed is a	heck for the following amount:	
□ \$25.00 Fi	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	ficate of Status & fied Copy

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

FILED

2022 SEP 19 AM 8: 22

CINEMTT	R LLC	C. C. C. C. C.	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	SEGRETAL (LF STATE TALLAHASSEE.FL	
The Articles of Organization for this Limited Liability Company	were filed on November 9, 2021	and assigned	
Florida document number L21000483987			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	vility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	9407 E Broadview Dr		
(Mailing address MAY BE A POST OFFICE BOX)	Bay Harbor Islands		
	FL 33154		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	i.		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is	

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>	Address	Type of Action
MGR	Flavia Lowenstein	212 NW 73rd St, Miami, FL 33150	■Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			DAdd
			□Remove
			□ Change
			□Add
			□ Remove
		- 	□Change
			□ Remove
			□ Change

If amending any other inforn	iation, enter change(s) here	: (Attach additional sheets, if neces.	sary.)
	· · · · · ·		
	<u> </u>		
			
	· ························		
 			
			
			
			
			
			
Effective date, if other than the	he date of filings	(option	al)
If an effective date is listed, the date n	nust be specific and cannot be prior block does not meet the applic	o date of filing or more than 90 days after fi ble statutory filing requirements, this o	ing.) Pursuant to 605.0207 (
e record specifies a delayed effect rd is filed.	tive date, but not an effective ti	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated August 29	2022		
		- ///	
 	Signature of a member or such	rized representative of a member	
	organite or a member or aum	rizze representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee