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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations		
~~!!			DUCIONES AUDIOVISUALE	S LLC
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		DINEYA GOMEZ RODR		
		***	Name of Person	
		TABADESA ASSOCIAT	ES GROUP	
			Firm/Company	
		419 W 49 ST SUITE 111		
		 	Address	
		HIALEAH, FL 33012		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	-
		INFO@TABADESA.COM		
		E-mail address: (to be used for future annual report n	otification)
For further in	nformation c	oncerning this matter, please c	all:	
DINEYA GO	OMEZ ROD	RIGUEZ	305 558-0622	
	Name o	f Person	at () Area Code Days	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	iling Addres		Street Address: Registration S	
Div	rision of C	orporations	Division of C	•
P.C). Box 632	/	The Centre of	i Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 05/04/2023	and assigned
Florida document number L23000223867		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
LEANDRO GONZALEZ PRODUCCIONES AUDIOVISUAL	ES LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation: L.L.C."
Enter new principal offices address, if applicable:		23 HAY
Principal office address MUST BE A STREET ADDRE	<u></u>	22
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		PH 6: 17
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>ent</u>	er the name of the new registe
New Devises A Office Address		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
	 		□ Add
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ective date, if other than the date effective date is listed, the date must be sp	of filing: pecific and cannot be pric	r to date of filing or	(option	onal) r filing.) Pursuant (to 605.02
e: If the date inserted in this block dunient's effective date on the Departi	loes not meet the appli	cable statutory fili	ng requirements, this	s date will not b	e listed
cord specifies a delayed effective date s filed.	e, but not an effective	time, at 12:01 a.m	. on the earlier of: (b) The 90th day	/ after th
ed May,4					
	//	/ /			
Signa	ature of a member or aut	princit representativ	ve of a member		_