

M13 0000000 775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

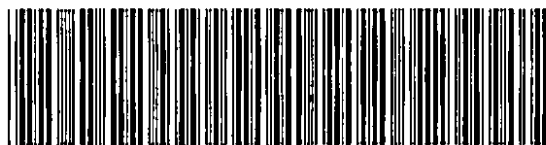
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300381726793

2022 MAR 25 10:10 AM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAR 25 AM 8:36

T. MATTHEWS

APR - 8 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2022

TRISHA BERNSTEIN
4440 PGA BLVD, STE 600
PALM BEACH GARDENS, FL 33410

SUBJECT: DISCO DONNIE PRESENTS, LLC
Ref. Number: M13000000775

We have received your document for DISCO DONNIE PRESENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 522A00004541

COVER LETTER

RECEIVED

TO: Registration Section
Division of Corporations

2022 MAR 25 AM 7:54

SUBJECT: Disco Donnie Presents LLC SECRETARY OF STATE
Name of Foreign Limited Liability Company TALLAHASSEE, FL

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trisha Bernstein

Name of Person

Bernstein Accounting

Firm/Company

4440 PGA Blvd., Suite 600

Address

Palm Bch Gardens FL 33410

City/State and Zip Code

trisha@bernsteintax.com

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

For further information concerning this matter, please call:

Trisha Bernstein

Name of Person

at (561) 627-1489

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee.
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

SECTION I (1-4 must be completed)

22 MAR 25 AM 8:36

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Disco Donnie Presents, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 413060000775

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2-5-2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address: _____

Enter Florida Street Address

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>James D Estopinal</u>	<u>Calle Ambar 23</u>	<input checked="" type="checkbox"/> Add
		<u>San Juan 00926 PR</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

M. Servais

Signature of the authorized representative

Michelle Servais

Typed or printed name of signee

Filing Fee: \$25.00