# L08000091268

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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08/24/15--01007--016 \*\*52.50

09/28/15--01001--016 \*\*7.50

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August 26, 2015

JULIETA CASALLAS RTI PRODUCTIONS LLC 175 SW 7TH ST - STE 2312 MIAMI, FL 33130

SUBJECT: RTI PRODUCTIONS, LLC

Ref. Number: L08000091268

We have received your document for RTI PRODUCTIONS, LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. 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) 245-6051.

Letter Number: 915A00018073

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

### **COVER LETTER**

Division of Co	rporations		
OT ID TOOM	oductions, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Julieta Casallas		
		Name of Person	
	RTI Productions LLC		
		Firm/Company	
	175 SW 7th Street, suit	e 2312	
		Address	
	Miami, FI 33130		
	jcasallas@rtitv.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Julieta Casallas		305 856-0088 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:** 

TO: Reg.

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION OF

RTI Productions, LLC	•		2015
(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	ppears on our records.)	S -1
The Articles of Organization for this Limited Lia L08000091268  Florida document number	bility Company were filed o	09/25/2008 Jazz	and assigned  U  =
A. If amending name, enter the new name of	the limited liability compar	v here	<u> i</u>
A. If affecting name, cheef the new name of	ene minited nabinty compan	iy nere.	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company,"	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	hle:		
(Principal office address MUST BE A STREET			
The space of the same as the s	TIDDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OX)		
The state of the s	<u></u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi		s on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	Julieta Casallas		
New Registered Office Address:	175 SW 7th Street, suite 23	312	
	Ente	r Florida street address	<del>.</del>
	Miami	, Florid	33130
	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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Margarita Aristizabal	175 SW 7th Street, Suite 2312	
		Miami, Fl 33130	
			Change
MGR	Julieta N Casallas	175 SW 7th Street, Suite 2312	<b>=</b> Add
		Miami, Fl 33130	
			Change
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Filing Fee: \$25.00