Amended

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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07-24-2002 90138 048 ****50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 26 AM 9:02

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DOCUMENT # L01000007465

1. Entity Name

TV TIENDA GROUP, LLC

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8280 NW 27th Street | 8280 NW 27th Street |
| Suite, Apt. #, etc.: #501 | Suite, Apt. #, etc.: #501 |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33122 Country: USA | Zip: 33122 Country: USA |

4. FEI Number: 65-1102749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LOUIS M. HILLMAN-WALLER

Street Address (P.O. Box Number is Not Acceptable): 10 NW Lejeune Road

Suite 600

City: Miami FL Zip Code: 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

DATE 7/12/02

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE | Managing Member |
| NAME | Jose P. Alvarez |
| STREET ADDRESS | 12421 SW 47th Street |
| CITY-ST-ZIP | ~~Miami, Fl 33175~~ |
| TITLE | Member/Manager |
| NAME | Ciro Espinosa |
| STREET ADDRESS | 4010 SW 138th Avenue |
| CITY-ST-ZIP | ~~Miami, Fl 33122~~ |
| TITLE | Member |
| NAME | Nelson Rasse |
| STREET ADDRESS | 10 SW 130th Avenue |
| CITY-ST-ZIP | Miami, Fl 33184 |
| TITLE | Managing Member |
| NAME | Nelson Rasse, Jr. |
| STREET ADDRESS | 3140 Crowne Dr. |
| CITY-ST-ZIP | Palmdale, CA 93551 |
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jose P. Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/12/02 (305)436-9899

Date Daytime Phone #