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SECRETARY OF STATE

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D. BRUCE
OCT 16 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Cable Television	Installation & Service LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Maria E Bemis			
		Name of Person			
	Cable Tele	vision Installation & Service LL	C		
		Firm/Company			
		5453 N 59th Street			
	-	Address			
	-	Tampa, Florida 33610			
		City/State and Zip Code			
76/4 188	; p	mbemis@ctis-inc.com (to be used for future annual report notificatio		38 38 T	
*		,	n)	12 OCT SECRET	
For further information	concerning this matter, please	call:		T 15	カンス
М	aria E Bemis	at (813) 630)-5500	333 57 PO	
Name	of Person	Area Code & Daytime Tele	ephone Number	12 OCT 15 PH 2: 42 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Enclosed is a check for	the 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 Fe Certificate of S Certified Copy (additional cop	Status & y	

MAILING ADDRESS:

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cable Television Installation & Ser	vice LLC			
(<u>N</u> a	me of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)			
The Articles of Organization	for this Limited Liability Company were filed on	06/17/2003	and assigned		
Florida document number	L03000021917				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liability company he	<u>re</u> :			
The new name must be distingu	ishable and end with the words "Limited Liability Comp	any," the designation "l	LC" or the abbreviation		
Enter new principal offices	address, if applicable:				
(Principal office address MU	ST BE A STREET ADDRESS)		TAG -		
			ECF		
			<u> </u>		
			SSA 5		
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)		72 72 100		
			. S. S. J.		
			₽F N		
	ered agent and/or registered office address on new registered office address here:	our records, enter t	he name of the new		
registered agent and/or the	new registered office address nere.				
Name of New Regis	stered Agent:	·			
New Registered Off	ice Address:				
	Enter Florida street address				
		, Florida			
	City		Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> **Type of Action MGRM** Jeffrey D Salter ✓ Add 3005 Sabal Road Remove Tampa, Florida 33618 ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 11 Dated_ Signature of a member or authorized representative of a member Michael A Soros Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00