# 12300033398

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**EXAMINER** 



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SECRETARY OF STATE ALL AND ASSET OF STATE

# **COVER LETTER**

Division of Corpora					
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Blanca Pinto				
_	Name of Person  7. T. V. Terminal, L.L.C.  Firm/Company  2172 NW 29th Avenue  Address				
	2172 NW 29th Avenue				
	Address				
Miami FL 33142					
	City/State and Zip Code				
_	E-mail address: (to be used for future annual report notification)				
For further information concer	rning this matter, please call:				
B/ANCA Name of Pers	PINTO at (786) 294-3624  Area Code & Daytime Telephone Number				
Enclosed is a check for the fol	flowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				

### 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

(Name of the Limited Liability Compar	AL, L.L.C	2.
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	i <mark>y as it now appears on ou</mark> lability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L03000033398</u> .	were filed on $9/2$	1 2003 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
$\nu/\!\!$		•
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	<b>₹</b> o: <b>→</b>
(Principal office address MUST BE A STREET ADDRESS)		
		HAA mayba
	N/A	0.0 A 4.0 A
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		TATE ORID
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:	<u>A</u>	
New Registered Office Address:	Enter Flor	rida 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 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 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 = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANTONIO Rotella	1121 Stillwater Drive Miami, Beach, FL 33141	Add Remove
SEC	Blanca PINTO	1121 Stillwater Drive Hiami, Beach, FL 33141	Add
MCR	Blanca Pinto	1121 Stillwater Drive Miami Beach, FL 33141	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amendin	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated Apri	1 13/2011 Blown P Kuto		
	Signature of a member of BLANCA R.  Typed of	reuthorized representative of a member	<del></del>

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Filing Fee: \$25.00