

LOS0000012324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

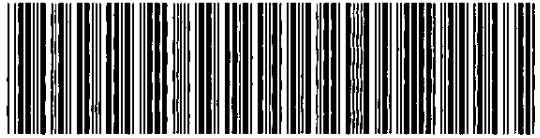
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200137058252

10/21/08--01024--015 \*\*30.00

FILED  
2008 OCT 21 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- T. CLINE

- OCT 22 2008

- EXAMINER

2500 N. Military Trail # 260, Boca Raton, Florida 33431  
Tel (561) 953-1050 • Fax (561) 953-1940

**Goldstein &  
Gross, PA**

October 20, 2008

Registration Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: ARIEL, LLC**

We are sending the signed paperwork for amending the above Florida Limited Liability Company. The Transmittal Letter and Articles of Amendment are filled out and signed and I include our check for \$30 for the filing and a Certificate of Status.

I include the proof that TVPX Acquisitions should have never been associated with this LLC. We have no idea how this happened.

I also include the correct EIN number assigned to this LLC, which shows up incorrectly on the annual report.

All correspondence should be through our office. Thank you.

Sincerely,

*Barbara P. Schwartz*

Barbara P. Schwartz

*p.s. Please use our Fed Ex to return.*

2008 OCT 21 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ARIEL, LLC**

(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:

Barbara P. Schwartz

(Name of Person)

Goldstein & Gross, PA

(Firm/Company)

2500 N. Military Trail # 260

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara P. Schwartz

(Name of Person)

at ( 561 ) 953-1050

(Area Code & Daytime Telephone Number)

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 Fee,  
Certificate of Status &  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT 21 AM 11:01

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

( ariel, llc ) ARIEL, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/31/05 and assigned  
Florida document number L05000012324.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2005 OCT 21 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

(Enter Florida street address)

(City)

, Florida

(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 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

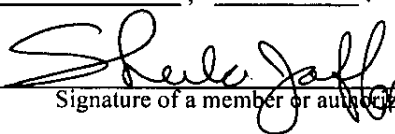
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TVPX Acquisitions, In.	9 Damonmill Square Concord, MA 01742	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	 Sheila Jaffe	7453 Chablis Court Boca Raton, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Jaffe	7453 Chablis Court Boca Raton, FL 33433	<input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2009 OCT 21 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

Sheila Jaffe

Typed or printed name of signee