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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.

Account Number : 120050000159
Phone : (772)231-4440
Fax Number : (772)231-4430

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kbarry & rassway 6W2n. Com

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TV 20, LLC

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M. SOHOMON

ct 08 2019 05:25AM HP	Fax	page 2	
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	CC	OVER LETTER	Þ ₃
TO: Registration Sect	ion prations		
TV 20, LLC			
SUBJECT:	Name of Limited	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
	dence concerning this matter to		
	Kevin M. Barry		
		Name of Person	
	Rosaway Swan Tierney Ban	ry Lacey & Olivor, P.L.	
		Firm/Company	
	2101 Indian River Blvd., Su	tite 200	
		Address	
	Vero Beach, FL 32960		<u>-</u> _
		City/State and Zip Code	
	kbarry@rosswayswan.com F-mail address: (0	o be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	di:	
Kevin M. Barry		772 231-4440 at ()	
Name (of 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)
MAI	LING ADDRESS:	STREET/COUR Registration Section	on
Divis	ion of Corporations	Division of Corpo	rations
P.O. Talla	Box 6327 hassec, FL 32314	2661 Executive C Tallahassee, FL 3	enter Circle 2301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Imited (A			
	is bility Commun. us it Florida Limited Liability	now appears on our records.) (Company)	
The Articles of Organization for this Limited Liabi	lity Company were		and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability o	ompany bere:	
	1		
The new name must be distinguishable and contain the word	ls "Limited Lishility Co	mpany," the designation "LLC" or the abb	revisation "L.L.C."
Enter new principal offices address, if applicable:		io 20th Street, Suite 500	
		ro Beach, FL 32960	
(Principal office address MUST BE A STREET.	<u> </u>		
			,
	38	50 20th Street, Suite 500	
Enter new mailing address, if applicable:		ro Beach, FL 32960	
(Mailing address MAY BE A POST OFFICE BO	220		
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 Name of New Registered Agent:	Dillon L. Roberts, E		
Name of New Registered Agent:	ce address nere:	sų	
registered agent and/or the new registered office	Dillon L. Roberts, E	sų	
Name of New Registered Agent:	Dillon L. Roberts, E	ડવે. evard	263
Name of New Registered Agent:	Dillon L. Roberts, E 979 Beachland Bou	evard Emer Florida sirvei address	
Name of New Registered Agent:	Dillon L. Roberts, E 979 Beachland Bou Vero Beach	evard Enter Florida street address City	263 Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of the constant added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Treasurevest LTD.	P.O. Box 643428	
		Vero Beach, FL 32964	Remove
			☐ Change
MGR	JOTO, L.L.C.	3850 20th Street, Suite 500	Add
		Vero Beach, FL 32960	□ Remove
			Change
			Remove 1
			Change
			Add
			☐ Remove
			Change
			□ Add
		Remove	
			Change
			□ Add
			☐ Remove
			Change

D.

	<u>,</u>		
-			
			
Tective date, if other than the date of filing an effective date is listed, the date must be specific and ote: If the date inserted in this block does not more ment's effective date on the Department of St	nie's records.		
e record specifies a delayed effective d The 90th day after the record is filed.	ate, but not an e	ffective time, at 12	:01 a.m. on the earlie
ated October#	2019		
WX.			
		presentative of a member	

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Filing Fee: \$25.00

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