

LO6 000034437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

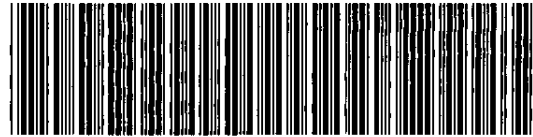
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500189022425

01/24/11--01048--001 \*\*280.00

FILED  
2011 FEB -4 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO6-34437

T. CLINE

FEB - 7 - 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2011

CRAIG DOWNS  
3250 MARY STREET, SUITE 307  
COCONUT GROVE, FL 33133

SUBJECT: TERABYTE VIDEO, LLC  
Ref. Number: L06000034437

We have received your document for TERABYTE VIDEO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 111A00002280

2011 FEB -4 PM 2:29  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Terabyte Video, 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:

Craig T. Downs

Name of Person

THE DOWNS LAW GROUP, P.A.

Firm/Company

3250 Mary Street, Suite 307

Address

Coconut Grove, FL 33133

City/State and Zip Code

mlamb@downslawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig T. Downs

Name of Person

at ( 305 )

444-8226

Area Code & Daytime Telephone Number

FILED  
2011 FEB -4 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, 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 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

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

**TERABYTE VIDEO, 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 2/27/2006 and assigned  
Florida document number L06000034437.

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)

3250 Mary Street, Suite 307

Coconut Grove, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3250 Mary Street, Suite 307

Coconut Grove, FL 33133

**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:

3250 Mary Street, Suite 307

*Enter Florida street address*

Coconut Grove, FL, Florida 33133

*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 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>
MGR	Craig T. Downs	3250 Mary Street, Suite 307 Coconut Grove, FL 33133	<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 FEB -4 PM 2:29  
FILED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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

---



---



---



---



---

Dated 2/2, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Craig T. Downs  
\_\_\_\_\_  
Typed or printed name of signee