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OCT 1 4 2013

T. PROPERTY.

COVER LETTER

TO: Registration Section
Division of Corporations

TELEMEDIA LATIN AMERICA, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

_.,305,**932-6262**

Name of Person

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

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

TELEMEDIA LATIN AMERICA, 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 Liabi	lity Company were filed on 08/29/2003	and assigned
Florida document number L03000032699		SECONO.
Florida document number <u>L03000032699</u> <u>L0700002</u>	8216	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
,		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the designat	lion "LLE" or the alt breviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> e address here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Floric	ia
_	City	la Zip Code
New Registered Agent's Signature, if changing Registered	stered 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 Address **Type of Action** 16300 NE 19TH AVENUE, STE. A Add **MGR** GUELMAN, ALEJANDRO D NORTH MIAMI BEACH, FL 33162 Remove Sierra Candela #55 PH-1 Alexandra Schwarz MGR Colonia Reforma Social - Mexico DF Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.
sted	October 8 th
	Septime of the member of the state representative of a member
	Alejandro Guelman – Manager
	Typed or printed name of signec Page 3 of 3

FILED
2013 OCT 11 AMII: 37
SECRETARY OF STATE
TALLAHASSEEL FLORIDA