## L07000030286

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HARRIS

## **COVER LETTER**

	gistration Sec ision of Corp			
SUBJECT:	KABEL-X	USA, LLC		
John Der 1		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		CHRISTINA RESENDE		
			Name of Person	<del></del>
		ADLER REALTY SERVI	CES	
			Firm/Company	
		1400 NW 107TH, 5TH FL	OOR	
			Address	
		MIAMI, FL 33172		
		CRESENDE@ADLERGRO	City/State and Zip Code DUP.COM	
		E-mail address: (	to be used for future annual report notif	ication)
For further is	nformation co	oncerning this matter, please ca	all: ,	
CHRISTIN	A RESENDE	;	305 392-4024	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 I	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

KABEL-X USA, LLC		
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
he Articles of Organization for this Limited L	iability Company were filed on	03/20/2007 and assigned
lorida document number L07000030286	·	
his amendment is submitted to amend the following	lowing:	
a. If amending name, enter the new name o	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applic	cable:	
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)	
If any adding the mediatored arount and	l/on marietowed office address	on our records enter the name of the r
. It amending the registered agent and egistered agent and/or the new registered o	8	on our records, enter the name of the r
Name of New Registered Agent:	ADLER RA, LLC	
New Registered Office Address:	1400 NW 107TH AVE, 5TH F	LOOR
	Enter 1	Florida street address
	MIAMI	, Florida <sup>33172</sup>
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	DAVID M. ADLER	1400 NW 107TH AVE	Add
		5TH FLOOR	■ Remove
		MIAMI, FL 33172	Change
P	MICHAEL M. ADLER	1400 NW 107TH AVE	<b>_</b>
		5TH FLOOR	Remove
		MIAMI, FL 33172	Change
			□ Add
			Remove
			Change
			Remove
			Change
			Remove
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ffective date, if other than t	he date of filing: 07/15	/2016	(optional)	
an effective date is listed, the date i	nust be specific and cannot b	e prior to date of filing or	more than 90 days after filing.) P	ursuant to 605.020
ote: If the date inserted in this ocument's effective date on the			ng requirements, this date wi	il not be listed as
record specifies a delay		ut not an effective	time, at 12:01 a.m. or	the earlier o
The 90th day after the r	ecord is filed.			
JULY 15	2016			
atcu	727	<u></u>		
	1 195701			

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Typed or printed name of signee

Filing Fee: \$25.00