	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
- ;	(Business Entity Name)
•	(Document Number)
Certified Copies	Certificates of Status
Special Instructio	ns to Filing Officer:
	A. LUNT

600133694616

07/31/08--01009--028 **25.00

AUG 19 2008

EXAMINER

Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2008

PETER NELSON PADILLA 170 SE 14TH ST. SUITE 2508 MIAMI, FL 33131

SUBJECT: TEVESATELLITE, LLC Ref. Number: L07000068311



We have received your document for TEVESATELLITE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 108A00044232

COVER LETTER

TO: Registration Section

Division of Co	rporations				
SUBJECT: Tevesa	atellite IIC				_
SUBJECT: TOVOCO		ited Liability Company)			0
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Peter Nelson Padilla				
		(Name of Person)			
	Tevesatellite, LLC			TA.	
		(Firm/Company)	Ţ	ALLAHASSE SECRETARY	-
	170 SE 14th Street Suite	2508.		HAS ATA BILA BILA BILA BILA BILA BILA BILA BIL	
-		(Address)		ARY C	T
	Miami, FL. 33131			8 P I: 5 8Y OF STATI SEE, FLORIE	C
		(City/State and Zip Code)		25 25 3 3 3 3	
For further information of	concerning this matter, please c	all:		D	
	<i>3</i>				
Peter Nelson Padilla (Name of Person)		at (<u>727</u>) 459-9676	Palanta and Name from		
(Name	of Person)	(Area Code & Daytime 1	elephone 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)	Certified	e of Status &	osed)
Regist Divisio P.O. B	ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	ons		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tevesatellite, LLC			
(<u>Name of the Limited</u> (/	l Liability Compar A Florida Limited L	ny as it now appears on ou iability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on 06/29/2007	and assigned
Florida document number L07000068311	 •		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applic	rable:	170 SE 14th Street Su	ite 2508. Miami, FL. 33131
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		10317 Hunters Haven	Blvd. Riverview.FL. 33578
(Mailing address MAY BE A POST OFFICE BOX)			SEE B
B. If amending the registered agent and registered agent and/or the new registered o			ords, enter the name of the nev
Name of New Registered Agent:	Peter Nelson F	² adilla	
New Registered Office Address:	170 SE 14th S	Street Suite 2508.	
		(Enter Flo	rida street address)
	Miami	(Citv)	_, Florida 33131 (Zip Code)
Nian Danistand Aranth Sianutura (Calcanina	Danistanud Assess	(City)	(Zip Code)

Changing Registered Agent, Signature of New Register

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 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>	Address	Type of Action
MGRM	Mauricio Garcia	170 SE 14th Street Suite 2508. Miami, FL 33131	
MGRM_	Peter Nelson Padilla	170 SE 14th Street Suite 2508 Miami, FL. 33131	
MGRM_	Luis E Woolley	170 SE 14th Street Suite 2508 Miami, FL. 33131	
MGRM	Hector Raul Gomez	170 SE 14th Street Suite 2508 Miami, FL. 33131	
MGRM	Livio J Martinengo	170 SE 14th Street Suite 2508 Miami, FL. 33131	
D. If amend	ling any other information, enter ch		STATE OF STATE
Dated July 28	Signature of a new Peter Nelson Padilla	nber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00