L08000091268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

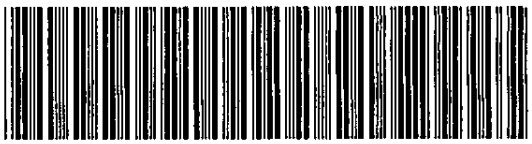
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CF - $25.00
Cert 35.00

Wrong form

Office Use Only



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08/24/15--01007--016 **52.50

09/28/15--01001--016 **7.50

FILED
15 SEP 24 P 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2015

S MASON

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2015

JULIETA CASALLAS
RTI PRODUCTIONS LLC
175 SW 7TH ST - STE 2312
MIAMI, FL 33130

SUBJECT: RTI PRODUCTIONS, LLC
Ref. Number: L08000091268

We have received your document for RTI PRODUCTIONS, LLC and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $7.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 915A00018073

COVER LETTER

TO: Registration Section
Division of Corporations

RTI Productions, LLC

SUBJECT: _____
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:

Julieta Casallas
_____
Name of Person

RTI Productions LLC
_____
Firm/Company

175 SW 7th Street, suite 2312
_____
Address

Miami, Fl 33130
_____
City/State and Zip Code

jcasallas@rtitv.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julieta Casallas _____ at (305) 856-0088 _____
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

TO
ARTICLES OF ORGANIZATION
OF

RTI Productions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/25/2008 and assigned Florida document number L08000091268.

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 contain 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: Julieta Casallas

New Registered Office Address: 175 SW 7th Street, suite 2312
Enter Florida street address

Miami, **Florida** 33130
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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Margarita Aristizabal	175 SW 7th Street, Suite 2312	☐ Add
		Miami, Fl 33130	■ Remove
			☐ Change
MGR	Julieta N Casallas	175 SW 7th Street, Suite 2312	■ Add
		Miami, Fl 33130	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 4th, 2015

Signature of a member or authorized representative of a member

Patricio Wills

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00