

LD9000013745Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383**L. SELLERS**

MAY - 5 2009

From:

Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305) 271-7310
Fax Number : (305) 271-4422**EXAMINER****LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****MIXTV ADVERTISING GROUP, L.L.C.**

Certificate of Status	0
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIXTV ADVERTISING GROUP 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:

DOLORES BOLANO

Name of Person

MIXTV ADVERTISING GROUP LLC.

Firm/Company

210-174 STREET #2201

Address

SUNNY ISLES , FL 33160

City/State and Zip Code

sieratax@bellsouth.net

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

For further information concerning this matter, please call:

DOLORES BOLANO

Name of Person

at (**305**)

790-9859

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MIXTVV ADVERTISING GROUP 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 FLORIDA and assigned
Florida document number L09000013745.

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: 210-174 STREET #2201
(Principal office address MUST BE A STREET ADDRESS) SUNNY ISLES, FL 33160

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: DOLORES BOLANO

New Registered Office Address: 210-174 STREET #2201
Enter Florida street address

SUNNY ISLES, Florida 33160
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.

Dolores Bolano
If Changing Registered Agent, Signature of New Registered Agent

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STATE

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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:

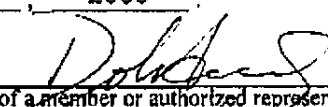
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE V MARABOLI	1440 JOHN F KENNEDY CSWY #402	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input checked="" 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

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

Dated MAY 4, 2009


Signature of a member or authorized representative of a member

DOLORES BOLANO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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