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and the second s	(Requestor's Name)
	(Address) ,
	(Address)
	(City/State/Zip/Phone #)
, PICK-UF	P WAIT MAIL
	(Business Entity Name)
• <del>••••••••••••••••••••••••••••••••••••</del>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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### B. KOHR

JAN - 4 2011

**EXAMINER** 



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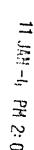
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#### LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 55	2-5973	
	Office Use Only	PH 2: 07
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
1. Miami TV CV (Corporation Name)	nannel LLC	
(Corporation Name)	(Document #)	
2		
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(Corporation Name)	(Document #)	•
4. (Corporation Name)	(Document #)	
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☑ Walk in ☑ Pick up time	<u>∂.06</u>	
☐ Mail out ☐ Will wait	Photocopy Certificate of State	18
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NEW FILINGS	AMENDMENTS	
Profit Not for Profit	Amendment  Regionation of P. A. Officer/Director	
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
	_	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	☐ Foreign	
☐ Fictitious Name	Limited Partnership	
	Reinstatement	
}	Trademark	
	Other	
CR2E031(7/97)	Examiner's Initial	<u>s</u> .

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MIAMI IV CHA			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appea	rs on our records.)	<i></i>
(A Florida Limited Lia	ionity Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on	03-05-2009	and assigned
Florida document number L09000021735			_
Torka document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company he	re:	
		<del></del> ".	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	·	<del></del>	
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on	our records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office address here.			
Name of New Registered Agent:			
Name of New Registered Agent.			<del></del>
New Registered Office Address:			<del></del>
	En	ter Florida street addr	ess
		, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Type of Action Address <u>Title</u> Name | MGR GERARDO CZETYRKO 7660 SW 83 COURT ✓ Add Remove MIAMI-FL 33143 Add Remove Add ☐ Remove ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 28** 2010 Dated Signature of a member or authorized representative of a member **HUMBERTO IGLESIAS** Typed or printed name of signee