## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000037908 3)))



H150000379083ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this. page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| <br>Addrose |  |  |  |
|-------------|--|--|--|
| RAMPOCC+    |  |  |  |

## ZZZLLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI TV CHANNEL LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

tourch FFR 16 2019

Feb 12 2015 7:52PM

HP LASERJET FAX

H15000037908

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MIAMI TI  | V CHANNEL  | LCC  |                                     |
|---|--|--|-------------------------------------|
| (Name of the Limited  | Parida Limited Liability Company)  | rs on our records.)  |                                     |
| The Articles of Organization for this Limited Liabili Florida document number   |  | 03/05/2009   | and assigned                        |
| This amendment is submitted to amend the following  | ng:  |  | ľ                                   |
| A. If amending name, enter the new name of the  | s limited liability company h  | ere:   |                                     |
| The new name must be distinguishable and end with the word  | ls "Limited Liability Company," the  | designation "LLC" or the abi                                     | neviation "L.L.C."                  |
| Enter new principal offices address, if applicable  | e:   |  | TAS                                 |
| (Principal office address MUST BE A STREET A  | DDRESS)  | ,  | <u> </u>                            |
|   |  |  | - E - E - :                         |
|   |  |  | - 第5 <b></b>                        |
| Enter new mailing address, if applicable:   | -  |  | TO THE PROPERTY OF                  |
| (Mailing address MAY BE A POST OFFICE BO)   | <u> </u>   |  | S F                                 |
|   |  |  | <del>81 3   "</del>                 |
| B. If amending the registered agent and/or registered agent and/or the new registered office  |  | n our records, enter th  | e name of the new                   |
| Name of New Registered Agent:   |  |  |                                     |
| New Registered Office Address:  |  |  |                                     |
|   | Enter Flor   | rida street address  |                                     |
| _   | 7  | , Florida  | Zip Coda                            |
| New Registered Agent's Signature, if changing Regis   | City   |  | 24 (32)                             |
| I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change. | gent and agree to act in this<br>vid complete performance of<br>ed agent as provided for in (<br>stered office address, I here | <sup>r</sup> my duties, and I am fan<br>Chapter 605, F.S. Or, tf | miliar with and<br>this document is |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

Feb 12 2015 7:52PM

HP LASERJET FAX

#15000037908

p.6

| If amending t<br>Authorized & | the Managers or Authorized Member or<br>Tember being added or removed from or | our records, enter the title, name, and addre | ess of each Mane                      | ger or              |
|-------------------------------|---|---|---------------------------------------|---------------------|
| MGR = Ma                      | nager<br>thor <b>iz</b> ed Member   |   |                                       |                     |
| Title                         | Name  | Address                                       | Type of Acti                          | 271                 |
| MGRM                          | HUMBERTO TG/ESIAS   | 5600 Collins AVE                              | DY Add                                |                     |
|                               |   | STE PH 15 P                                   | ☐ Ramove                              |                     |
|                               |   | STE PH 15 P  MIAMI BEACH, FL 3                | 3/40                                  | :                   |
| <del></del>                   |   |   | A dd                                  |                     |
|                               |   |   | □ Rémove                              |                     |
|                               |   |   | ————————————————————————————————————— | :                   |
|                               |   | ,   | A PASSEL                              | THE PERSON NAMED IN |
| <del></del>                   |   |   | PH L: 06                              |                     |
|                               |   |   |                                       |                     |
| ·                             |   |   |                                       | :                   |
|                               |   | · · · · · · · · · · · · · · · · · · ·         |                                       |                     |
|                               |   |   | Add                                   |                     |
|                               |   |   | Remove                                | į                   |
|                               |   |   |                                       | ł                   |

12/25/2032 05:05

Feb 12 2015 7:52PM HP LASERJET FAX

H15000037909

|  |  |   | ·   |
|--|--|---|---|
|  |  |   |   |
| ·  |  | ····  |   |
|  |  |   |   |
| effective date must be date this document is | filed by the Florida Departm   | iste of receipt or filed date and cann              | (optional) or be more than 90 days after    |
| effective date must be date this document is | er than the date of fills specific, carmed be prior to a filed by the Florida Departm  | iste of receipt or filed date and cann              | (optional)<br>or be more than 50 days after |
| effective date must be date this document is | specific, cannot be prior to a filed by the Florida Departm  | take of receipt or filed date and canners of State) | ot be more than 90 days after               |
| effective date must be date this document is | specific, cannot be prior to a filed by the Florida Department of Signature of Sign | iste of receipt or filed date and cann              | ot be more than 90 days after               |

Page 3 of 3

15 £3 13 FH 1: NE