29000030861

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
- (Ci	ity/State/Zip/Phone	· #)
PICK-UP	. WAIT	MAIL
LO	usiness Entity Nam $9 - 3 08$ ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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N. Oreniero HILLO

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT:	IDEA	L DRTV LLC			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	J	HONATTAN RIVERO			
	Name of Person				
•	IDEAL DRTV LLC				
•	Firm/Company				
	930	0 NW 25 ST, SUITE 210			
		Address			
	MI	AMI / FLORIDA 33172			
		City/State and Zip Code			
	J@r E-mail address: (naturalproductsusa.com to be used for future annual report notific	cation)		
For further information	n concerning this matter, please of	eall:			
*******	Jhonattan		594-9545		
Nam	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	t tions		

Tallahassee, FL 32301



June 12, 2009

JHONATTAN RIVERO 9300 NW 25 STREET SUITE 210 MIAMI, FL 33172

SUBJECT: IDEAL DRTV LLC Ref. Number: L09000030861

We have received your document for IDEAL DRTV LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6067.

Letter Number: 109A00019953

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED OBJUN 26 PH W. P.

	IDEAL D	RTV LLC	09 J(JN 26 PH 4: 08
(Name of the Limit		any as it now appear Liability Company)	rs on our records.	TARY OF STATE
,	(A i fortua Emilieu	Claomity Company)	- CM	HARY OF STATE
The Articles of Organization for this Limited	Liability Company	y were filed on	03/30/2009	and assigned
Florida document numberL090000	30861			
This amendment is submitted to amend the fo	ollowing:		•	
A If amonding name onton the new name	of the limited lieb	riliter og men omer have		
A. If amending name, enter the new name	of the finited hat	omty company ner	<u>e:</u>	
The new name must be distinguishable and end v "L.L.C."	with the words "Lim	ited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		10480 NW 37	th TERRACE	
(Principal office address MUST BE A STRE	ET ADDRESS)	DORAL, FL 3	3178	
	,			
Enter new mailing address, if applicable:		10480 NW 37	th TERRACE	
(Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 3	3178	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered of office address her JHONATTA	<u>e</u> :	ur records, <u>enter 1</u>	the name of the nev
Name of New Registered Agent.				
New Registered Office Address:	10480 NW 37th TERRACE Enter Florida street address			haga
		MIAMI	, Florida	33178
	.	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as register he provisions of all statutes relative to the ccept the obligations of my position as reg eing filed to merely reflect a change in the ompany has been notified in writing of this	proper and comp istered agent as p registered office	lete performance o provided for in Ch	of my duties, and I a apter 608, F.S. Or,	m familiar with and if this document is
•	If Chan	iging Registered Agen	t, Signature of New Res	ristered Agent
		/	/	

Page 1 of 2

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
MGR	JONATHAN RIVERO	9300 NW 25 ST SUITE 210 MIAMI, FL 33172	AddRemove
<u>MGR</u>	JHONATTAN RIVERO	10480 NW 37th TERRACE MIAMI, FL 33176	Add Remove
MGR	FABIANA MONTUFAR	9300 NW25 ST SUITE 210 MIAMI, FL 33172	Add Remove
MGR	FABIANA MONTUFAR	10480 NW 37th TERRACE MIAMI, FL 33178	✓ Add □ Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	rry.)
			SECRETAR SEC
·			
Dated	JUNE 08	2009	PH 4: 08
	-	per or authorized representative of a member	···
		ONATTAN RIVERO ed or printed name of signee	 .
		D2 - 62	

Page 2 of 2

Filing Fee: \$25.00