

08-20-2012 12:39 PM

Division of Corporations

3056438085

1/ 5

Page 1 of 2

L090000055650

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.

((H20000288438 3)))



H200002884383ABC2

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 : R&G COMM. SERVICES

Account Number : I20200000131

Phone : (305) 643-8088

Fax Number : (305) 643-8085

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GUEST CHOICE TV LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

S (WITH THIS ONE)

Y SUICKER

AUG 20 2012

Electronic Filing Menu

Corporate Filing Menu

Help

08-20-2012 12:59PM

COVER LETTER

1086438085

2/ 5

H200002884383

**TO: Registration Section
Division of Corporations**

SUBJECT: GUEST CHOICE TV 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:

HUGO DANIEL SURACE

Name of Person

GUEST CHOICE TV LLC

Firm/Company

11231 NW 20th STREET, UNIT #:134

Address

MIAMI, FL 33172

City/State and Zip Code

HUGOS@SYSTEMINDUSTRIALGROUP.COM

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

For further information concerning this matter, please call:

HUGO DANIEL SURACE

305

592-9811

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 AUG 20 11 11:11

H200002884383

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H200002884383

GUEST CHOICE TV 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 06/09/2009 and assigned
Florida document number L09000055650.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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: HUGO DANIEL SURACE

New Registered Office Address: 11231 NW 20th STREET, UNIT #:134
Enter Florida street address

MIAMI, Florida 33172
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

H200002884383

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H200002884383

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H 200002884383

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

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 AUGUST 19th, 2020

Signature of a member or authorized representative of a member

HUGO DANIEL SURACE

Typed or printed name of signee