## 100001a7

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2016

ANGELA VILLEGAS 895 NE 125TH ST MIAMI, FL 33161

SUBJECT: INTERACTIVE TV SERVICES, LLC

Ref. Number: L10000127505



We have received your document for INTERACTIVE TV SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 316A00025092

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	INTERACTIVE TV Name of Limited Li	SERVICES LLC	
	Name of Limited Li	ability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted	l for filing.	
Please return all	correspondence concerning this matter to the	following:	
	ANGE	Name of Person	
		Name of Person	
		Firm/Company	
	895 NE 125H	Street	
	MIAMI, FL 33		
	david @ ituse	rvices, met	
For further info	E-mail address: (to be ur rmation concerning this matter, please call:	sed for future annual report notifical	ion)
David	Fischer	at (305) 482 3338 Area Code Daytime Te	3
	Name of Person	Area Code Daytime To	lephone Number
Enclosed is a ch	neck for the following amount:		
□ \$25.00 Filir	ng Fee 17 \$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	STREET/COURIER Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

INTERACTIVE IV			records.)	<del></del>	
( <u>Name of the Limited Liabil</u> (A Florid	a Limited Lia	ability Company)	ecorus.		
The Articles of Organization for this Limited Liability (	Company w	vere filed on <u>12/13</u>	12010	and assigned	
Florida document number <u>L100001.2750.5</u>	<del></del> '	•	,		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	iited liabili	ity company here:			
,					_
The new name must be distinguishable and contain the words "Lin	nited Liabilit	y Company," the designation	"LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		895 NE 125#	<b>5</b> T	1.755 E	
(Principal office address MUST BE A STREET ADD	RESS)	MIAMI / FL 3	3161		
				12	يدموسي ا
Enter new mailing address, if applicable:		895 NE 125H	st	N S	Ü
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 3		- v	
Maning university I BEAT OST OF TICE BOX			<u> :                                  </u>		
					<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add			cords, <u>ent</u>	er the name of th	e new
Name of New Registered Agent:	NGELA	VILLEGAS			<del></del>
New Registered Office Address: 8	95 NE	125 K SH			
		Enter Florida street	address		
r	1 MAIL		. Florida	33161	
		City		abbreviation "L.L.C."  To BEC 12 AH 9: 52	
New Registered Agent's Signature, if changing Registere	d 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID FISCHER	895 NE 1254 ST	Add
		MIANI, FL 33161	☐ Remove
			Change
MGR	LAURENT CHEMLA	407 LINCOLN RD	🗆 Add
		SVITE 8L	Remove
		MIANI BEACH, FL 33139	Change
			□ Remove
		<del>-</del>	Change
			DEC 12 vAH 94
		<del></del>	Change 16 DEC 12 eAH 9e 52
		·	
			□ Remove
			Change
			Add
		<u> </u>	□ Remove
			□ Change

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u>्</u> र	
	16 DEC 12 AM 9: 52	#22-m   
	<del>2</del> 12	-
	9: 52	
	(A)	
(If an e Note:	tive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	of:
Dated	12/02/16	
	Signature of a member or authorized representative of a member	
	Laurent CHEMLA	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00