L110000033296

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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M. MILLIGAN EXAMINER

SEP 2 5 2015

COVER LETTER

TO:	Registration Se Division of Cor			
	Produce	iones RTI, LLC		
SUBJ	ECT:	Name of the	2-41-1-12: O	
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Julieta Casallas		
			Name of Person	
		Producciones RTI, LLC		
			Firm/Company	
		175 SW 7th Street, suit	e 2312	
			Address	
		Miami, Fl 33130		
			City/State and Zip Code	
		jcasallas@rtitv.com		
		E-mail address: (to be used for future annual report notification	ation)
For fu	rther information co	oncerning this matter, please ca	all:	
Jul	ieta Casallas		305 856-0088	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION

Producciones RTI, LLC

18 Co. 18 (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

The Articles of Organization		ty Company were filed on _	03/18/2011	and assigned
Florida document number	L11000033296	*		
This amendment is submitted	d to amend the following	y ;		
A. If amending name, ente	r the new name of the	limited liability company	here:	
The new name must be distinguish	nable 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 M)	UST BE A STREET AD	ODRESS)		
Enter new mailing address	, if applicable:	·		
(Mailing address MAY BE A	A POST OFFICE BOX		<u> </u>	
B. If amending the regis registered agent and/or the			on our records, <u>ente</u>	r the name of the new
Name of New Regi	stered Agent:	Julieta Casallas		
New Registered Of	fice Address:	175 SW 7th Street, Suite 231	2	
			orida street address	
		Miami	, Florida _	33130
		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.

nging Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Margarita Aristizabal	175 SW 7th Street, Suite 2312	_ □ Add
		Miami, Fl 33130	= p
			Remove
			Change
MGR 	Julieta Casallas	175 SW 7th Street, Suite 2312	Add
		Miami, Fl 33130	Remove
			☐ Change
			Add
			□ Remove
		·	□ Change
	_		Add
			☐ Remove
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Effectiv	re date, if other the ctive date is listed, the	han the date of	filing:	he prior to date	of filing or more	(opt	ional) er filing.) Pursuant te	605.0207
Note: I	f the date inserted i	n this block doe	s not meet th	e applicable st	atutory filing r	equirements, th	is date will not be	listed as
docume	nt's effective date of	on the Departme	nt of State's	records.				
	ord specifies a c	tolayed offer	tivo dato	hut not an	effective tim	ne at 12·01	am on the e	arlier of
The S	90th day after t	the record is	filed.	but not an	enective tin	ic, at 12.01	aim on the c	arrice or
	C	4	24	015				
Dated _	September 4th	1	,	015 ·				
		0, 1)					
		Signatu	e of a membe	r or authorized	representative of	a member		_
-			~	- 	•			
	Patricio Will	IS 		or printed nam				_

Page 3 of 3

Filing Fee: \$25.00