

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000270221 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number: I20110000064 Phone : (305)381-8500 Fax Number : (305)381-6225

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

Email Address: nmunoz@marcelifelipe.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUENAVISION TV NETWORK, LLC

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Natalia Munoz

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	City	Zip Code
New Registered Office Address:	Enter Flo	orida street address
· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:		•
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, <u>enter the name of the nev</u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Enter new mailing address, if applicable:		
_		
(Principal office address MUST BE A STREET		
Enter new principal offices address, if applical	ole:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC" or the abbreviation
A. If amending name, enter the new name of t	he limited liability company here:	
This amendment is submitted to amend the follow	ving:	
Florida document number L11000130126	······································	
The Articles of Organization for this Limited Liab	bility Company were filed on 11710/20	JII and assigned
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on or lorida Limited Liability Company)	ur records.)
BUENAVISION TV NETWO		

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 608, 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

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MGR = Manager

## H13000270221 3

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:

MGRM = Managing Member **Title** Name Address Type of Action Andres Isaias 1001 Brickell Bay Dr. MGR Ste 1800 Miami, FL 33131 Luis Isaias 1001 Brickell Bay Dr. MGR Ste 1800 Miami, FL 33131

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. If amending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)
	,
	1
December 9	2013
Marcell Jelipe	
Signature of a	member or authorized representative of a member
Marcell Felipe, Esq.	
	Toward and an artist of a second

Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

