

#L12000033814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

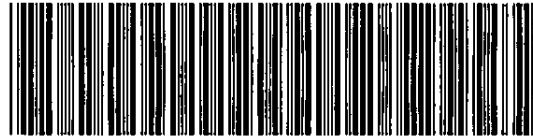
(Business Entity Name)

(Document Number)

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04/21/14--01050--003 **55.00

FILED
2014 APR 21 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **POLOLINE 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:

Patricio Gonzalez E.A.

Name of Person

Wellington Tax Services Co.

Firm/Company

1842 Wiltshire Village Dr.

Address

Wellington, FL 33414

City/State and Zip Code

Tunuyan@bellsouth.net

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

For further information concerning this matter, please call:

Patricio Gonzalez

Name of Person

561 906-3413

at ()
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POLO LINE TV LLC

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

FILED
2014 APR 21 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/09/2012 and assigned
Florida document number L12000033814.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FEDERICO LEVY	DE LAS MARGARITAS 8 - BARRIO LAS GLORIETAS	<input type="checkbox"/> Add
		NORDELTA - BUENOS AIRES	<input checked="" type="checkbox"/> Remove
		BA 1670 AR	
MGRM	MATHEW GENE BAKER	7988 ADAMS STREET	<input checked="" type="checkbox"/> Add
		CUMMING, IA 50061	<input type="checkbox"/> Remove
MGRM	TY ALLEN MAC CARTY	P.O. BOX 948	<input checked="" type="checkbox"/> Add
		SHERIDAN, WY 82801	<input type="checkbox"/> Remove
MGRM	ROBERT PAUL JORNAYVAZ IV	1506 COTTONWOOD LN	<input checked="" type="checkbox"/> Add
		GREENWOOD VILLAGE, CO 80121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

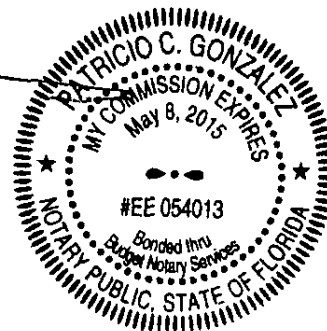
Dated MAY 17 2014



Signature of a member or authorized representative of a member

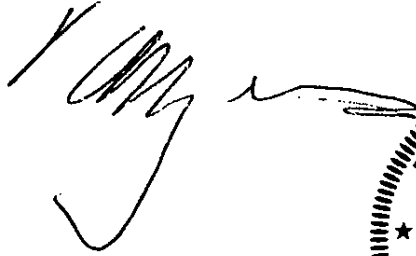
SEBASTIAN AMAYA

Typed or printed name of signee



STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 17TH. day of April, 2014, by
Sebastian Amaya, who is personally Known for me.

A handwritten signature in black ink, appearing to read 'Sebastian Amaya', with a horizontal line extending to the right.