

L12000096695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

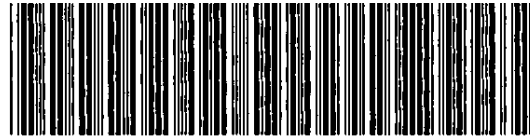
A

Office Use Only

B. KOHR

SEP 11 2012

EXAMINER



000239348210

09/10/12--01019--012 **25.00

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 10 PM 3:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: International Audiovisual Translations 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:

Alejandro T Salas

Name of Person

International Audiovisual Translations LLC

Firm/Company

16 SW 9th St. Apt. 105

Address

Fort Lauderdale, FL. 33315

City/State and Zip Code

alejotsv@gmail.com

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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 10 PM 3:19

For further information concerning this matter, please call:

Alejandro Salas

Name of Person

at (954)

3485595

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**

International Audiovisual Translations LLC

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION
12 SEP 10 PM 3:19

The Articles of Organization for this Limited Liability Company were filed on July 26, 2012 and assigned
Florida document number L12000096695.

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:

16 SW 9th St. Apt. 105

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33315

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:

16 SW 9th St. Apt. 105

Enter Florida street address

Fort Lauderdale

, Florida

33315

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 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

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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Luis Roberts</u>	<u>3493 SE Jake Ct.</u> <u>Stuart, FL 34994</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Alejandro T Salas</u>	<u>3493 SE Jake Ct.</u> <u>Stuart, FL 34994</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Luis Roberts</u>	<u>Ave. Circunvalación del Sol</u> <u>Edif. El Jardin, Santa Paula</u> <u>Caracas, Venezuela, ZIP 1061</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Alejandro T Salas</u>	<u>16 SW 9th St. Apt. 105</u> <u>Fort Lauderdale, FL 33315</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Carlota Rodriguez</u>	<u>Ave. Circunvalación del Sol</u> <u>Edif. El Jardin, Santa Paula</u> <u>Caracas, Venezuela, ZIP 1061</u>	<input checked="" 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.)

Dated September 4th, 2012.

 Signature of a member or authorized representative of a member
Alejandro T Salas
 Typed or printed name of signee