

Division of Corporations

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**L120000109013**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H12000215652 3)))



H120002156523ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.  
Account Number : 120110000064  
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@marcellfelipe.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RAYA TV PRODUCTIONS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

B. KOHR  
AUG 30 2012

EXAMINER

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Corporate Filing Menu

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FILED STATE  
SECRETARY OF CORPORATIONS  
12 AUG 29 AM 8:59

RECEIVED  
12 AUG 29 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**RAYA TV PRODUCTIONS LLC**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 29 AM 8:59

The Articles of Organization for this Limited Liability Company were filed on 08/24/2012 and assigned Florida document number L12000109013

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 "LLC."

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

1001 Brickell Bay Dr.

Suite 1800

Miami, FL 33131

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*

Florida

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**

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**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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <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.)**

\_\_\_\_\_

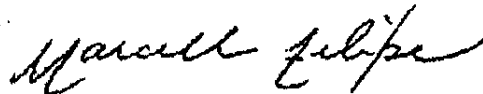
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Dated August 29, 2012



Signature of a member or authorized representative of a member

**Marcell Felipe, Esq.**

Typed or printed name of signee

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Filing Fee: \$25.00

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