

L13000074035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

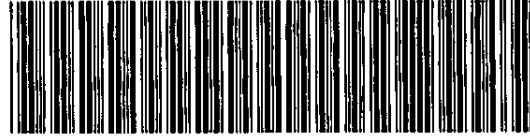
(Business Entity Name)

(Document Number)

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2015 MAY - 7 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan MAY - 8 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TELECARIBE MIAMI 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:

ENRIQUE J. GOMEZ

Name of Person

TELECARIBE MIAMI LLC

Firm/Company

5731 NW 74 Ave.

Address

Miami, FL, 33166

City/State and Zip Code

egl@telecaribe.tv

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

For further information concerning this matter, please call:

BERNARDO J. GOMEZ

786

520.5369

at (_____) _____

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2015

ENRIQUE J. GOMEZ
5731 NW 74 AVE
MIAMI, FL 33166

SUBJECT: TELECARIBE MIAMI LLC
Ref. Number: L13000074035

REC'D
15 MAY -7 10:10:00
LEGISLATIVE SERVICES
DIVISION OF CORPORATIONS

We have received your document for TELECARIBE MIAMI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

Articles of Amendment were received on 03/16/15.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 915A00006675

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

FILED
2015 MAY -7 PM 12: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TELECARIBE MIAMI LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/21/2013 and assigned
Florida document number L13000074035.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

14221 SW 120th St. Suite 121

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL, 33186

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:

Jose Maldonado

New Registered Office Address:

14221 SW 120th St. Suite 121

Enter Florida street address

Miami

City

Florida 33186

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>
MGR	Carlos Dugarte	c/o 5731 NW 74 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
MGR	GIANFRANCO NAPOLITA	5731 NW 74 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
MGR	ENRIQUE J. GOMEZ	5731 NW 74 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
MGR	BERNARDO J. GOMEZ	5731 NW 74 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<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 April 13, 2015



Signature of a member or authorized representative of a member

BERNARDO J. GOMEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 MAY -7 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA