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(Address)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 05 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2014

HEDY CRUZ  
18459 PINES BLVD OFF 118  
PEMBROKE PINES, FL 33029

SUBJECT: TVIDEO AUDIO, LLC  
Ref. Number: L14000179494

We have received your document for TVIDEO AUDIO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00026805

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**TVIDEO AUDIO LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Hedy Cruz**

\_\_\_\_\_  
Name of Person



\_\_\_\_\_  
Firm/Company

**18459 Pines Blvd Off 118**

\_\_\_\_\_  
Address

**Pembroke Pines FL, 33029**

\_\_\_\_\_  
City/State and Zip Code

**jolave72@gmail.com**

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

For further information concerning this matter, please call:

**Dania Velosa**

**954**

**304 0569**

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

**TVIDEO AUDIO 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 NOVEMBER 19, 2014 and assigned  
Florida document number L14000179494.

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**

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>
AMBR	JUAN PABLO OLAVE	18459 PINES BLVD OF 118	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL, 33029	<input type="checkbox"/> Remove
AMBR	DANIA M. VELOSA	18459 PINES BLVD OF 118	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL, 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
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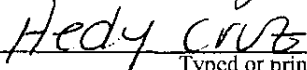
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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