

L17000189758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

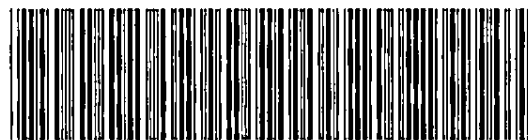
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500321079275

11/27/18--01010--005 **25.00

FILED 11/27/18

11/27/18

12/14/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TV HITS 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:

Melanie Barotte

Name of Person

TV HITS LLC

Firm/Company

4801 Linton Blvd #11A PMB 491

Address

Delray Beach, FL 33445

City/State and Zip Code

melaniebarotte@gmail.com

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

For further information concerning this matter, please call:

Melanie Barotte

917 297 6564
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Jose Urbay	97 Highland Pl	<input type="checkbox"/> Add
		Ridgefield, NJ 07660	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melanie Barotte	244 Fifth Ave, Suite F127	<input checked="" type="checkbox"/> Add
		New York, NY 10001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. What is the main purpose of the study?
 2. What are the research objectives?
 3. What is the significance of the study?
 4. What are the limitations of the study?
 5. What are the conclusions of the study?

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Melanie B. A.
Signature of a member or authorized representative of a member

Typed or printed name of signee