## 117000/189758

	-
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration So Division of Cor			
TV HITS I			
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter  Melanie Barotte	to the following:	
		Name of Person	<del></del>
	TV HITS LLC		
		Firm/Company	
	4801 Linton Blvd #11A PM	MB 491	
		Address	153
	Defray Beach, FL 33445		· · · · · · · · · · · · · · · · · · ·
	melaniebarotte@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Melanie Barotte		917 297 6564 at ( )	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)
Regist Divisi P.O. F	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on rations

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TV HITS LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability  Florida document number 1.17000189758	Company were filed on September 6, 2017	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	5.00 1
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C:"
Enter new principal offices address, if applicable:	<del></del>	
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)	<u></u>
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or reg registered agent and/or the new registered office ad</li> </ol>	·	er the name of the n
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 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 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>	Type of Action
MGR	Jose Urbay	97 Highland Pl	
		N. J. M. J. M. J. G. CO.	
		Ridgefield, MJ 07660	
		<del> </del>	■ Remove
			Change
	Melanie Barotte	244 Fifth Ave. Suite F127	
MGR			■ Add
		New York, NY 10001	
			□ Remove
			Change
			- <b>i</b>
			 □.Remove
			<del>.                                      </del>
			Change
			Add
			□ Remove
			Remove
			Change
<del></del>			
			Remove
			□ Change
			Change
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			Change

<del></del>		
	<u> </u>	
		*** **********************************
		·)
		<del></del>
		<del>``</del>
	November 23.2018	
Effective date, if other than the	date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this b document's effective date on the D	ock does not meet the applicable statute	ory filing requirements, this date will not be listed a.
document serietive due on the B	epartment of state 5 records.	
ne record specifies a delayed The 90th day after the rec		ctive time, at 12:01 a.m. on the earlier o
Dated	2018	
- A.		
-	Signature of a member or authorized repres	

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Typed or printed name of signee

Filing Fee: \$25.00