

8/16/2018

Division of Corporations

**L18000240663ABC**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H18000240663ABC.

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

From:  
Account Name : TORRES & VADILLO, LLP  
Account Number : I20150000038  
Phone : (305)485-9700  
Fax Number : (305)436-0151

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ~~6666~~ katrinavadilloshow@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LA VITRINA RADIO SHOW LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG 16 AM 11:01

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60

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Corporate Filing Menu

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3 SUMMONS  
AUG 1, 2018

H180002400003

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LA VITRINA RADIO SHOW 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 04/09/2018 and assigned,  
Florida document number L18000088458

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5757 Blue Lagoon Drive

(Principal office address MUST BE A STREET ADDRESS)

Suite 450

Miami, Florida 33126

Enter new mailing address, if applicable:

11402 NW 41 Street

(Mailing address MAY BE A POST OFFICE BOX)

Suite 211-603

Doral, Florida 33178

FILED  
AUG 16 2018  
MIA  
COUNTY CLERK  
OFFICE OF THE COUNTY CLERK  
MIAMI, FLORIDA

**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:

Xiomara Polanco

New Registered Office Address:

11402 NW 41 Street, Suite 211-603

*Enter Florida street address*

Doral

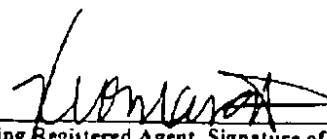
Florida 33178

*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

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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	PEREZ, BLAS	5757 Blue Lagoon Drive	<input type="checkbox"/> Add
		Suite 450	<input type="checkbox"/> Remove
		Miami, Florida 33126	<input checked="" type="checkbox"/> Change
MGR	POLANCO, XIOMARA	5757 Blue Lagoon Drive	<input type="checkbox"/> Add
		Suite 450	<input type="checkbox"/> Remove
		Miami, Florida 33126	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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