

L18000119509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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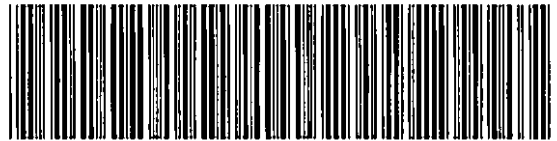
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TREASURY  
1000 W. JACKSON BLVD.  
TALLAHASSEE, FL 32304

2018 NOV -5 AM 9:51

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NOV 20 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KIB Broadcast  
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:

Israel Padilla  
Name of Person

KIB Broadcast  
Firm/Company

3105 NW 107 Ave Suite 400  
Address

Doral, FL 33172  
City/State and Zip Code

KBbroadcast305@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Rodriguez at 305 986-7952  
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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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

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

KIB Broadcast 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 Miami and assigned Florida document number L18000119509.

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:

(Principal office address MUST BE A STREET ADDRESS)

3105 NW 107 Ave  
Suite 400  
Doral, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TALLAHASSEE, 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:

New Registered Office Address:

3105 NW 107 Ave Suite 400  
Enter Florida street address  
Doral, Florida 33172  
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>	<u>Type of Action</u>
MGR	Luis Rodriguez	1750 NW 107 Ave Suite L710	<input checked="" type="checkbox"/> Add
		Miami FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Israel Padilla	8861 SW 142 Ave Apt 913	<input type="checkbox"/> Add
		Miami FL, 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
MIAMI OFFICE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2018 NOV -5 AM 12:51  
TERRITORY OF STATE  
FEDERAL BUREAU OF INVESTIGATION

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2018 NOV -5 AM 12:51  
U.S. DEPT. OF STATE  
WASHINGTON, D.C. 20520

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

Nov 2, 2018

Signature of a member or authorized representative of a member

ISRAEL PRODUCE

Typed or printed name of signee