

L19000098443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 AUG 21 10:10:09

C. GOLDEN

AUG 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TATA MIDIA SERVICES 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:

LEONARDO O. FIGUEIREDO  
Name of Person

SOLUTION ADVISING LLC  
Firm/Company

5428 MAJOR BLVD, SUITE 609  
Address

ORLANDO, FL 32819  
City/State and Zip Code

INFO@SOLUTIONADVISING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO at (404) 286-5595  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 AUG 11 7:59

August 6, 2020

LEONARDO FIGUEIREDO  
5728 MAJOR BOULEVARD  
SUITE 609  
ORLANDO, FL 32819

SUBJECT: TATA MIDIA SERVICES LLC  
Ref. Number: L19000098443

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return 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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 320A00014825



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2020

LEONARDO FIGUEIREDO  
5728 MAJOR BOULEVARD  
SUITE 609  
ORLANDO, FL 32819

SUBJECT: TATA MIDIA SERVICES LLC  
Ref. Number: L19000098443

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

An individual must sign on behalf of the business entity you have designated as the registered agent.

The document must have original signatures.

Please return 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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 520A00012101

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

TATA MEDIA SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 21 April 10:09

The Articles of Organization for this Limited Liability Company were filed on 04/09/2019 and assigned Florida document number L19000098443.

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**)

5728 MAJOR BLVD, SUITE 609  
ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5728 MAJOR BLVD, SUITE 609  
ORLANDO, FL 32819

**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:

SOLUTION ADVISING LLC

New Registered Office Address:

5728 MAJOR BLVD, SUITE 609

Enter Florida street address

ORLANDO

City

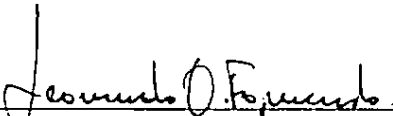
Florida

32819

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          | ESTANIECKI RAMOS,<br>+ HMSE | 6451 OLD PARK LN APT 104       | <input type="checkbox"/> Add               |
|              |                             | ORLANDO, FL 32835              | <input checked="" type="checkbox"/> Remove |
|              |                             |                                | <input type="checkbox"/> Change            |
| MGR          |                             | AVENIDA HILARIO PEREIRA        | <input checked="" type="checkbox"/> Add    |
|              |                             | DE SOUSA, 492 APT 101          | <input type="checkbox"/> Remove            |
|              |                             | TORRE BURITI - CENTRO - OSASCO | <input type="checkbox"/> Change            |
|              |                             | SP.. 06010170 - BRASIL         |                                            |
|              |                             |                                | <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            |

[illegible]

(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)

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.

Thayer E.  
signature of a member or authorized representative of a member

THAYSE ESTANIECKI RAMOS  
Typed or printed name of signer