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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180

Fax Number : (305)591-9167

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

Email Address: 1nfo@ 1elenaccounting .com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXITO TV LLC** 

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HelpT. LEMIEUX JUN - 8 2023

## \* ARTICLES OF AMENDMENT

ART		ORGANIZATION		,
	C	)F	•	
EXITO TV LLC				•
	ed Liability Comps (A Florida Limited	any as it now appears on our Liability Company)	ter 5149)	_
The Articles of Organization for this Limited Li Florida document numberL19000218029	ability Company	were filed on08/26/2019	9 and	assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation	"IL.C."
Enter new principal offices address, if applica	able:	153 EAST FLAGLER S	TRSE1	
(Principal office address MUST BE A STREE	T ADDRESS)	#146		
		MIAMI, FL 33131		
Enter new mailing address, if applicable:		153 EAST FLAGLER S	TREET	
(Mailing address MAY BE A POST OFFICE I	BOX)	#146		·
		MIAMI, FL 33131		
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:	egistered office s s here:	nddress on our records, g	enter the name of the	new registers
				<u> </u>
New Registered Office Address:	152 EAST FLA	GLER STREET #146  Enter Florida street of	nddarr	
	MIAMI			
	71171111	City	Florida 33131	N da

## 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 60., 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 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

Title	Name	Address	Type of Action
AMBR	WALTER SANCHEZ ESCOBAR	153 EAST FLAGLER STREET	
		#146	□Remove
		MIAMI, FL 33131	
AMBR	ANDREA E JIMENEZ	153 EAST FLAGILER STREET	_
		#146	_
		MIAMI, FL 33131	
			-
			□Adć
			□Remove
			□ Change
			□Add
		<u> </u>	□Remove
			□ Change

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