

h22000132467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

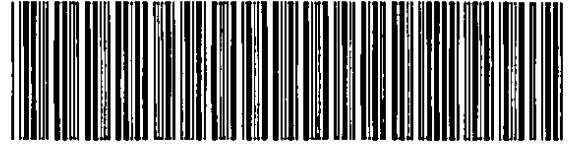
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/22--01051--009 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUN 13 PM 3:19

T. MATTHEWS

JUL - 6 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUN 13 PM 12:13

SEAL
TALLAHASSEE, FL

May 25, 2022

ELIZABETH C. FOON
2621 FRANKLIN DR
FT. LAUDERDALE, FL 33311

SUBJECT: CTV CAPITAL INVESTMENTS, LLC
Ref. Number: L22000132467

We have received your document for CTV CAPITAL INVESTMENTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tekayla T Matthews
OPS

Letter Number: 022A00011877

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CTV Capital Investments, 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:

Elizabeth C Foon

Name of Person

CTV Capital Investments, LLC

Firm/Company

2621 Franklin Drive

Address

Ft Lauderdale, FL 33311

City/State and Zip Code

ctvcapitalinvestments@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth C Foon

754 275-9638
at ()

Name of Person

Area Code

Daytime Telephone Number

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 Address:

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUN 13 PM 3:19

CTV Capital Investments, 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 03/16/22 and assigned
Florida document number L22000132467.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Type of Action</u>
MGR	Elizabeth C Foon	2621 Franklin Drive, False	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Timothy C Bostic	2621 Franklin Drive	<input type="checkbox"/> Add
		Ft Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elizabeth C Foon	2621 Franklin Drive	<input checked="" type="checkbox"/> Add
		Ft Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 June 07 2022

Elizabeth C Poow
Signature of a member or author

Signature of a member or authorized representative of a member

Elizabeth C foon

Typed or printed name of signee

Filing Fee: \$25.00