L24000262738

(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor		\$
	-1.43***	MENUSTV	, L.I.C
SUBJ	ECT:	Name of Lim	ited Liability Company
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspo	ondence concerning this matter	to the following:
		MARTIN NUNEZ	
			Name of Person
		MENUSTV, LLC	
			Firm/Company
		7958 PINES BLVD	
			Address
		PEMBROKE PINES, FL.	33024
			City/State and Zip Code
		CYCINGMAN90@HOTM	AIL.COM
		E-mail address: (to be used for future annual report notification)
For fur	rther information c	oncerning this matter, please ca	all:
	MARTIN	NUNEZ	at (305) 807-8094
	Name o	f Person	Area Code Daytime Telephone Number
Enclos	sed is a check for th	ne following amount:	
X \$2	25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy Benclose
	Mailing Addres		Street Address:
	Registration S		Registration Section
	Division of CP.O. Box 632	•	Division of Corporations The Centre of Tallahassee
	Tallahassee, I		2415 N. Monroe Street, Suite \$10 G
			Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEN	NUSTV, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appea Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on _	06/10/2024	and assigned
lorida document number1.24000262738	<u>_·</u> ·		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company b	<u>nere</u> :	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	ESS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
	<u></u>		
3. If amending the registered agent and/or registered	office address on our	records, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fle	orida 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 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>	Address	Type of Action
AMBR	TESSEL, JASON	4882 NORTH CITATION DRIVE	≣ Add
		UNIT 201	□Remove
		DELRAY BEACH, FL 33445	□Change
			□Add
			🗆 Remove
			□ Change
			□Add
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Filing Fee: \$25.00