

MI60000002074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

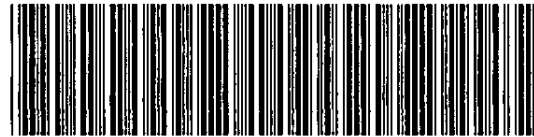
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

APR 04 2017

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STEVEN M. ASHBURN

A S H B U R N
L A W O F F I C E
A PROFESSIONAL CORPORATION

9820 WILLOW CREEK ROAD, SUITE 240
SAN DIEGO, CALIFORNIA 92131

TELEPHONE: (858) 693-8500
FACSIMILE: (858) 693-8505
ashburn@ashburnlawoffice.com

March 28, 2017

TRANSMITTAL COVERSHEET

TO:

Secretary of State

COMPANY/ADDRESS:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

FROM:

Steve Ashburn

DELIVERY BY:

USPS

REGARDING:

CRTV LLC

ENCLOSURE(S):

Amendment to Certificate of Authority (including extra copy)
Check
SASE

COMMENTS:

Enclosed please find the Amendment to Certificate of Authority for the above referenced limited liability company along with a check in the amount of \$55.00 (filing and certified copy fee). Please return a copy of the Amendment to Certificate of Authority in the envelope provided. Feel free to contact our office with any questions. Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRTV LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Salinard

Name of Person

Ashburn Law Office, A Professional Corporation

Firm/Company

9820 Willow Creek Road, Suite 240

Address

San Diego, CA 92131

City/State and Zip Code

catherine@ashburnlawoffice.com

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

For further information concerning this matter, please call:

Catherine Salinard

Name of Person

at (858) 693-8500

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CRTV LLC

Enter new principal office address, if applicable: 1930 Village Center Circle #3-868

(Principal office address
MUST BE A STREET ADDRESS) Las Vegas, NV 89134

Enter new mailing address, if applicable: 1930 Village Center Circle #3-868

(Mailing address
MAY BE A POST OFFICE BOX) Las Vegas, NV 89134

2. The Florida document number of this limited liability company is: M16000002074

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/11/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

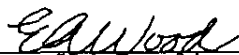
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRG	Elizabeth Wood	1930 Village Center Circle #3-868 Las Vegas, NV 89134	<input checked="" type="checkbox"/> Add
		3960 Howard Hughes Parkway #500 Las Vegas, NV 89169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Elizabeth Wood, Manager

Typed or printed name of signee

Filing Fee: \$25.00