

M18 00000 3237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

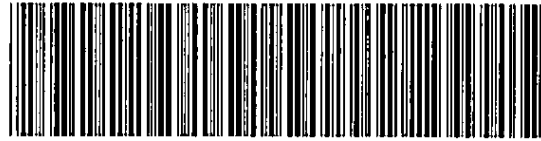
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 DEC 27 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

DEC 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2019

E'KABEL ESPANA SL LLC.
440 COBIA DRIVE SUITE 1401
KATY, TX 77494

SUBJECT: E'KABEL ESPANA SL LLC.
Ref. Number: M18000003237

We have received your document for E'KABEL ESPANA SL LLC. and your check(s) totaling \$30.00. 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 LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 719A00023719

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E'KABEL ESPANA SL 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:

HECTOR A. GARBATI

Name of Person

E'KABEL LLC

Firm/Company

440 COBIA DRIVE SUITE 1401

Address

KATY/TX 77494

City/State and Zip Code

gustavo.olivo@ekabel.net

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

RECEIVED

DEC 26 2019

For further information concerning this matter, please call:

HECTOR AQUILES GARBATI

Name of Person

at (469) 731-6022

Area Code & Daytime Telephone Number

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

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: E'KABEL ESPANA SL LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

CALLE TEIDE 4. PB SUITE 0.3-11 SAN SEBASTIAN DE
LOS REYES (MADRID, SPAIN). 28703

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

CALLE TEIDE 4. PB SUITE 0.3-11 SAN SEBASTIAN DE
LOS REYES (MADRID, SPAIN). 28703

2. The Florida document number of this limited liability company is: M18000003237

3. Jurisdiction of its organization: MADRID, SPAIN

4. Date authorized to do business in Florida: APRIL 3, 2018

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

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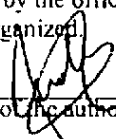
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUSTAVO A. OLIVO VALDEZ	C. TEIDE 4. PB. SUITE 0.3-11,28703 SAI	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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
GUSTAVO A. OLIVO VALDEZ

Typed or printed name of signee

Filing Fee: \$25.00