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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

JUN 2 4 2008

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone

: (305)599-0839

Fax Number

: (305)716-0346

EXAMINER

LLEAMND/RESTATE/CORRECT OR M/MG RESIGN

TRICOM GLOBAL LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	M GLOBAL LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liebility Company)
The Articles of Organization for this Limited Liability C	Company were filed on 06/22/2006 and assigned
Florida document number L06000063659	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited lighility company here:
N/A	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR	(ESS)
Total war mailing address if applicables	Ν/Δ
Enter new mailing address, if applicable:	N/A
(Mailing address MAX BE A POST OFFICE BOX)	
To make the section of make and on the continues of the c	and all address on our woods are the same of the
registered agent and/or the new registered office add	ress here:
registered agent and/or the new registered office adda	
registered agent and/or the new registered office add	ress here:
Name of New Registered Agent: N/A	(Enter Florida street address)
Name of New Registered Agent: N/A	
Name of New Registered Agent: N/A	(Enter Florida street address) , Florida (City) (Zip Code)
Name of New Registered Agent: New Registered Office Address:	(Enter Florida street address) , Florida (City) (Zip Code)
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered the appointment as registered agent as the provisions of all statutes relative to the proper anaccept the obligations of my position as registered agent as being filed to merely reflect a change in the registered	(Enter Florida street address) , Florida (City) (Zip Code) 1 Agent: and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with a cent as provided for in Chapter 608, F.S. Or, if this document is a office address, I hereby confirm that the limited Hability.
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered the appointment as registered agent as the provisions of all statutes relative to the proper anaccept the obligations of my position as registered agent as	(Enter Florida street address) "Florida (City) (Zip Code) 1 Agent: and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with a cent as provided for in Chapter 608, F.S. Or, if this document is
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered in the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept that the proper and the proper and the proper and the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the position a	(Enter Florida street address) , Florida (City) (Zip Code) Agent: and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with a cent as provided for in Chapter 608, F.S. Or, if this document is a office address, I hereby confirm that the limited Hability

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	JULIO RODRIGUEZ	1354 SW 12TH AVENUE BOCA RATON FLORIDA 33466	Add Remove
<u>MGR</u>	CARLOS H CAMPO	1335 HARRISON STREET HOLLYWOOD FLORIDA 33019	Add Remove
			Add Remove
			Add Remove
			Add
			Add Remove
D. If amendi	ng any other information, enter cl	nange(s) here: (Attach additional sheets, if neces	:ary.)
Dated 06/20	, 20	008	2008 J
-		muer or authorized representative of a member	UN 23 ETARY KHASSE
	T)	ARLOS FLEITAS-MGR /ped or printed name of signee Page 2 of 2	Y DE STAT
		Filing Fee: \$25.00	골 <u>설</u> 5