

LO80000 78513

(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:

CORLCA MND

Office Use Only

B. KOHR

SEP 23 2008

EXAMINER



500135837325

09/22/08--01006--020 **55.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 SEP 22 AM 11:30
FILED
TALLAHASSEE, FLORIDA
SEP 22 PM 2:15
NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

SEP 23 2008

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
08 SEP 22 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SOUTH FLORIDA NETWORK
(Corporation Name) (Document #)

2. SOLUTIONS LLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
08 SEP 22 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Walk in Pick up time 2:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: South Florida Network Solutions, 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:

Sherlys Espejo
(Name of Person)

South Florida Network Solutions
(Firm/Company)

7015 NW 173rd Drive Apt 208
(Address)

Miami, Florida 33015
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 22 PM 12:35

FILED

For further information concerning this matter, please call:

Sherlys Espejo at (305) 608-1688
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
08 SEP 22 PM 12:35
TALLAHASSEE, FLORIDA

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

South Florida Network Solutions, 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 08/18/2008 and assigned Florida document number L08000078513

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 11070 NW 17th Ave Suite 2
Miami, Florida 33167
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 11070 NW 17th Ave Suite 2
Miami, Florida 33167
(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: Sherlys Espejo
New Registered Office Address: 11070 NW 17th Ave Suite 2
(Enter Florida street address)
Miami, Florida 33167
(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 608, 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.

Sherlys Espejo
(If Changing Registered Agent, Signature of New Registered Agent)

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

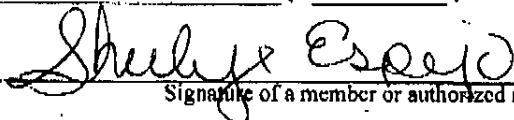
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Espejo	7015 NW 173rd Drive Apt 208 Miami, FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sherlys Espejo	11070 NW 17th Ave Suite 2 Miami, FL 33167	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please just change everything from William Espejo to Sherlys Espejo.

Also, the address change from 7015 NW 173rd drive 208 to 11070 NW 17th Ave Suite 2

Dated September 23, 2008



Signature of a member or authorized representative of a member

Sherlys Espejo

Typed or printed name of signee