

L11000050616

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(Requestor's Name)

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(City/State/Zip/Phone #)

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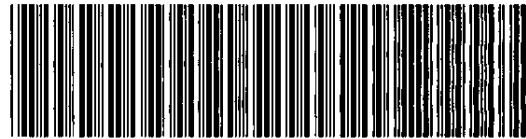
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C. LEWIS

OCT 4 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW TELECOM, 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:

**ORESTES B. PARREIRA JR.**  
Name of Person  
**NEW TELECOM, LLC**  
Firm/Company  
**12020 SW 63 AVENUE**  
Address  
**PINECREST, FL. US 33156**  
City/State and Zip Code  
**jr@gruposnap.com.br**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ORESTES B. PARREIRA JR.** at ( **305** ) **815-2004**  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW TELECOM, 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 APRIL 29, 2011 and assigned  
Florida document number L11000050616.

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: 7100 NW 12 STREET, SUITE 210  
MIAMI FL 33126  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 12020 SW 63 AVENUE  
PINECREST FL 33156  
*(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: JAIME A. URANGA  
New Registered Office Address: 7100 NW 12 STREET SUITE 210  
*Enter Florida street address*  
MIAMI, Florida 33126  
*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.*

*(Signature)*  
*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>
MGRM	JAIME A. URANGA	7100 NW 12 STREET, SUITE 210 MIAMI FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ORESTES B. PARREIRA	12020 SW 63 AVENUE MIAMI FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ORESTES B. PARREIRA	7100 NW 12 STREET, SUITE 210 MIAMI FL 33126	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 27, 2011

Signature of a member or authorized representative of a member

**ORESTES B. PARREIRA JR.**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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