

L/3000079962

Florida Department of State
 Division of Corporations
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To: Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ICONNECT TELECOM SOLUTIONS LLC**

Certificate of Status	0
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K. SALLY
 EXAMINER
 DEC -2 2014

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICONNECT TELECOM SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 06/03/2013 and assigned Florida document number L13000079962

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: 1001 BRICKELL BAY DR, APT 101, 27TH FLOOR MIAMI, FLORIDA 33131

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1001 BRICKELL BAY DR, APT 101, 27TH FLOOR MIAMI, FLORIDA 33131

(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: HECTOR F. RIVERA FERNANDEZ

New Registered Office Address: 1001 BRICKELL BAY DR, APT 101, 27TH FLOOR

Enter Florida street address

MIAMI, Florida 33131

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FIRSTSTAR LIMITED	5 SECRETARY'S LANE GIBRALTAR GX11-1AA GI	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	STARFIELD LIMITED	5 SECRETARY'S LANE GIBRALTAR GX11-1AA GI	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	EXECUTIVE DIRECTORS LIMITED	LEVEL 5 10 CUSTOMHOUSE QUAY WELLINGTON 6011 NZ	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	HECTOR F. RIVERA FERNANDEZ	1001 BRICKELL BAY DR APT 101, 27TH FLOOR MIAMI, FLORIDA 33131	<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
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 25TH 2014



 Signature of a member or authorized representative of a member
HECTOR F. RIVERA FERNANDEZ

 Typed or printed name of signee

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