

10/24/23, 2:47 PM

Division of Corporations

**L14000092748**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000371200 3)))



H2300037120034BCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BARBOSA LEGAL  
Account Number : 120110000049  
Phone : (305)501-4680  
Fax Number : (305)359-9543

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TELUBE FLORIDA, LLC**

RECEIVED  
OCT 24 10 3:02  
DIVISION OF CORPORATIONS  
FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

OCT 25 2023

((H23000371200 3)))

((H23000371200 3)))

**COVER LETTER**

**TO: Registration  
Section Division of Corporations**

**SUBJECT: TELUBE FLORIDA, 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:

Erika Kitaoka da Silva

\_\_\_\_\_  
Name of Person

Barbosa Legal

\_\_\_\_\_  
Firm/Company

407 Lincoln Road PH-NE

\_\_\_\_\_  
Address

Miami Beach, FL 33139

\_\_\_\_\_  
City/State and Zip Code

renewals@barbosalegal.com

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

For further information concerning this matter, please call:

Erika Kitaoka da Silva

305 501-4680

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

((H23000371200 3)))

((H23000371200 3))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TELUBE FLORIDA, 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 08/03/2012 and assigned  
Florida document number L14000092748.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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

((H23000371200 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Tereza C Van Brussel	407 LINCOLN ROAD PH-NE	<input type="checkbox"/> Add
		MIAMI BEACH	<input checked="" type="checkbox"/> Remove
		FL 33139	<input type="checkbox"/> Change
MGR	Bernardo Van Brussel Barroso	407 LINCOLN ROAD PH-NE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH	<input type="checkbox"/> Remove
		FL 33139	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

