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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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T. HAMPTON

MAR 2 4 2009

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-------------------------------------|---|---|---|--|--|
| SUBJECT: METROCOM INTERNATIONAL LLC | | | | | |
| | (Name of Lim | ited Liability Company) | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | JORGE GIMENEZ | | | |
| | | (Name of Person) | | | |
| | MET | ROCOM INTERNATIONAL LLC | | | |
| | | (Firm/Company) | | | |
| | 10773 | NW 58TH STREET, SUITE 688 | | | |
| | | (Address) | | | |
| | N | MIAMI, FLORIDA 33178 | | | |
| | · · · · · · · · · · · · · · · · · · · | (City/State and Zip Code) | | | |
| For further information | concerning this matter, please c | eall: | | | |
| IOPO | CIMENET | at (305) 588-9881 | | | |
| JORGE GIMENEZ (Name of Person) | | (Area Code & Daytime T | Celephone 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) | | |
| Regis Divis P.O. I | LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314 | STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente | ons | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| METROCOM INT (Name of the Limited Liability Com (A Florida Limite | TERNATIONAL LLC | rs on our records.) | |
|---|-----------------------------|-----------------------------|-------------------------|
| The Articles of Organization for this Limited Liability Compa Florida document numberL06000024414 | | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | ability company her | re: | |
| The new name must be distinguishable and end with the words "Li "L.L.C." | mited Liability Compa | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | 10773 NW 58T | H STREET, SUITE 68 | 38 o DV. |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI FL 3317 | 8 | SICH OF |
| Enter new mailing address, if applicable: | 10773 NW 58T | H STREET, SUITE 68 | S PH 2: |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAMI FL 3317 | 8 | SHIP S |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on c ere: | our records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent: EDUARDO | J MENDEZ | · · | <u> </u> |
| New Registered Office Address: 8370 W FLA | (ress) | | |
| | MIAMI | , Florida | 33144 |
| | (City) | , Fioricia | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Ager | <u>nt:</u> | | |

(If Changing Registered Agent, Signature of New 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.

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 | , |
|--------------|-------------------------------------|--|-------------------|--------------------|
| MGRM | MARIELA PALMERO | 14411 COMMERCE WAY, STE 420 MIAMI FL 33016 | Add Remove | |
| MGRM | JORGE GIMENEZ | 10773 NW 58TH STREET, SUITE 688 MIAMI FL 33178 | Add Remove | |
| MGRM | JORGE PALMERO | 9600 NW 25TH STREET, SUITE 5A MIAMI, FL 33178 | n Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| | _ | | Add Remove | |
| D. If an | mending any other information, ente | er change(s) here: (Attach additional sheets, if necessary.) | | |
| Dated _ | March ZO Signature of a | 2009 Mullium a member or authorized representative of a member | OPMAR 23 PM 2: 15 | SECRETARY OF STATE |
| | Jigimali VI i | JORGE GIMENEZ | | |
| | | Typed or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00