L12000066795

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C. LEWIS

AUG 2 2 2012

EXAMINER

COVER LETTER

TO: Registration Division of C	Section orporations		***	
CUBICOT.	VOICE (CONEXION LLC		
SUBJECT:		Name of Limited Liability Company		
	of Amendment and fee(s) are sul	_		
		ALIDELIA DATIOTA		
		Name of Person		
	V	DICE CONEXION LLC		
		Firm/Company		
		Address		
	-	MIAMI FL 33178 City/State and Zip Code		
	ROBERTO	@MARTORELLOFFICE.	COM	
For further information	n concerning this matter, please of			
	RELIA BATISTA	at (_786)	3337018	
Nam	e of Person	Area Code & Dayti	me Telephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COUR Registration Sect Division of Corp		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
FI ORID

	CE CONEXION LLC	I ALLHING		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appear ida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabilir Florida document numberL12000066795		FLORIDA	and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter (</u>	he name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	Eni	ter Florida street ada	ress	
	. Florida			
_	City	, 1 101104	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.

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 **Type of Action** <u>Title</u> Name | <u>Address</u> MGR Junior Batista **✓** Add 1721 GARFIELD ST 1 FLOOR Remove BRONX NY 10460 Leticia P Arias De Batista · MGR ☐ Add 5958 NW 113 PL ✓ Remove MIAMI FL 33178 ☐ Add ☐ Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 13 2012 Dated ___ Signature of a member or authorized representative of a member **AURELIA BATISTA** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00