#13000060767

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SLUK LARY OF STATE

K.SALY EXAMINER SEP 11 2013

COVER LETTER

TO:	Registration Section
	Division of Corporations

SEAL 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:

Fabiana Ciobataru

Name of Person

Erick Magno, PL

Firm/Company

1401 Brickell Avenue, Ste 520

Address

Miami,FL 33131

City/State and Zip Code

fabiana@magnolaw.com

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

For further information concerning this matter, please call:

Fabiana Ciobataru

305₃379-4400

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a cheek 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

FILED

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SLUNCIARY OF STATE
ALLAHASSEE, FLORING

SEAL 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 Florida document number <u>L13000060767</u>	Company were filed on April 25,	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	D. D.	
	Enter Flo.	rida street address
	C24.	Florida Zip Code
	City	гір Соае

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 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>	Address	Type of Action
MGR	Erick Magno	1401 Brickell Ave, Ste 520, Miami, FL 3313	1 Add
			Remove
			_
			Add
			Remove
			Add
			Remove
			-
			_
			
			Add
			Remove
			-
			Add

lf amene	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ed Se	eptember 06 2013 /
-tu	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00