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TALLAHASSEE, FLORIDA

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## COVER LETTER.

TO: Registration Section  
Division of Corporations

SUBJECT: Servicom Group, 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:

Jorge L. Lopez-Garcia, Esq.

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

Jorge Luis Lopez-Garcia, P.A.

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

1450 Madruga Avenue, Suite 408

\_\_\_\_\_  
Address

Coral Gables, Florida 33146

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

jorge@lopezgarcia.com

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

For further information concerning this matter, please call:

Jorge L. Lopez-Garcia, Esq.

305

662-2525

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Servicom Group, 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 04/24/2003 and assigned  
Florida document number L03000014633

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

1627 Brickell Avenue, Unit 2101

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Florida 33129

**Enter new mailing address, if applicable:**

1627 Brickell Avenue, Unit 2101

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, Florida 33129

**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:

Jorge Luis Lopez-Garcia, P.A.

New Registered Office Address:

1450 Madruga Avenue, Suite 408

*Enter Florida street address*

Coral Gables

Florida 33146

*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

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	Monica Menendez	1627 Brickell Avenue, Unit 2101	<input type="checkbox"/> Add
		Miami, Florida 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Articles of Organization

Article IV - delete Capital Contribution

Article VII - delete Members

Articles VIII - Management - to reflect only Gaston Menendez as Manager; delete Monica Menendez

(Manager-Secretary)

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

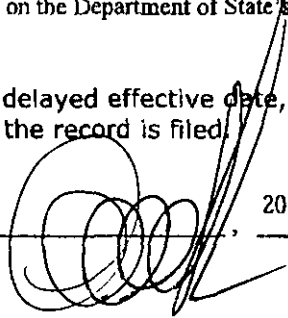
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of:

(b) The 90th day after the record is filed.

Dated 27/01

2016



Signature of a member or authorized representative of a member

Gaston Menendez, Manager

Typed or printed name of signee

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