L07000111361

(Requestor's Name)			
(Address)			
(Address)			
, , , , , , , , , , , , , , , , , , ,			
(City/State/Zip/Phone #)			
(Ottyrolaterzip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u>-</u>			

Office Use Only



600113339986

12/24/07--01007--010 **60.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration S Division of C	Section orporations		
SUBJECT: Ch	sange of No	Limited Liability Company)	AT TIECOM LLC
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
_	JIM	(Name of Person)	
_		(Firm/Company)	ons lle
	8536 Sum	Merville Pl	•
_	orlando, f	1 328 9 cy/State and Zip Code)	
For further information	concerning this matter, please	e call:	
-714	(Name of Person)	at (407) 7. (Area Code & Da	18 72-76 aytime Telephone Number)
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	2560.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed).

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on Nov, 02,2007 and assigned document number Logooill361.	٠	
SECOND:	: This amendment is submitted to amend the following:		
4.	Please change The name To:		
9 8°	Please change The name To: Hello Communifations Limited Liability Cations	1_0	an fant
	Change The Principal office To:		
	8536 Summerville PL.		
	orlando, FL 32819		
	EUryThing Else Stays. The Same.		
		07 DEC	SEC
			HE FE
Dated	2/19/07	+ PM 3: 50	RY OF STA
,		50	SNOLF
	of policy		
	Signature of a member or authorized representative of a member		
	JIM ABDIN		
	Typed or printed name of signee		

Filing Fee: \$25.00