

LD8000039143

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TALLAHASSEE FLORIDA

N. O'Connell DEC 3 - 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerging Markets 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:

Yolanda Di Lella  
(Name of Person)

Emerging Markets Telecom, LLC  
(Firm/Company)

15737 SW 99 ST  
(Address)

Miami, FL 33196  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yolanda Di Lella at (305) 281-5478  
(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

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Emerging Markets 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 Company were filed on April 18, 2008 and assigned  
Florida document number L08000039143.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15737 SW 99th  
MIAMI, FL 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15737 SW 99th  
MIAMI, FL 33196

**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:

NRAI Services, Inc.

New Registered Office Address:

2731 Executive Park Drive, Suite 4  
(Enter Florida street address)

Weston  
(City)

Florida 33331  
(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.

NRAI Services, Inc.  
by: Chris Eubanks  
(If Changing Registered Agent, Signature of New Registered Agent)

Christian Eubanks, Assistant Secretary

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>	<u>Address</u>	<u>Type of Action</u>
MGR.	Raoul Thomas	8400 NW 36th St Suite 220 Miami FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr.	Yolanda Di Lella	15737 SW 99th St. MIAMI FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgrm	Alfonso Di Lella	15737 SW 99th St MIAMI FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated November 14, 2008

Yolanda Di Lella  
Signature of a member or authorized representative of a member

Yolanda Di Lella  
Typed or printed name of signee

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TALLAHASSEE FLORIDA

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