

Florida Department of State
Division of Corporations
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L08000092741

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC
Account Number : 120110990083
Phone : (305)705-7922
Fax Number : (786)353-0976

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ETELIX.COM USA, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

NOV 04 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ETELIX.COM USA, 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:

VANESSA DURAN

Name of Person

DCC ACCOUNTING

Firm/Company

300 ARAGON AVE SUITE 375

Address

CORAL GABLES, FL 33134

City/State and Zip Code

INFO@DCCACCOUNTING.COM

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

For further information concerning this matter, please call:

VANESSA DURAN

305
at ()

705-7922

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

ETELIX.COM USA, 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 09/30/2008 and assigned
Florida document number L08000092741

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)

300 ARAGON AVE SUITE 375

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 ARAGON AVE SUITE 375

CORAL GABLES, FL 33134

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:

ACCOUNTANT & BUSINESS CONSULTANTS INC

New Registered Office Address:

300 ARAGON AVE SUITE 375

Enter Florida street address

CORAL GABLES

, Florida 33134

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.

David Paul
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

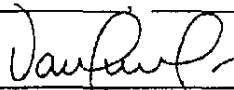
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|-------------------------------|--|
| MGR | MARIA VIOLETA PENA | 300 ARAGON AVE SUITE 375 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| MGR | ALONSO VAN DER BIEST | 300 ARAGON AVE SUITE 375 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| MGR | SARA IGLESIAS | 300 ARAGON AVE SUITE 375 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| MGR | ALVARO QUINTANA | 300 ARAGON AVE SUITE 375 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| MGR | MARIANNE VASQUEZ | 444 BRICKELL AVE SUITE 51-845 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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SECRETARY OF STATE

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

E. Effective date, if other than the date of filing: 11/03/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 24 2014



Signature of a member or authorized representative of a member

VANESSA DURAN

Typed or printed name of signee

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Filing Fee: \$25.00

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