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(Requestor's Name)
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PICK-UP WAIT MAIL
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EXAMINATA
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COVER LETTER

TO:

TO:	Registration Se Division of Cor					
SUBJE	CT:	Unidos Telecon	n, LLC - Name Chang	ge		
		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please i	eturn all correspo	ondence concerning this matter	to the following:			
			Yahumary Palacios		_	
			Name of Person			
	Exclusive Assistant LLC			_		
			Firm/Company			
	13788 SW 157 ST			 1		
			Address		. ALL SEC ZIU9	
	Miami, FL 33177				ZIIIY DEC 28 SECKE JART ALLAHASSI	
	City/State and Zip Code				ARY OF	r n
		E-mail address: (ahumary@gmail.com to be used for future annual report r	notification)	77	П
For furt	her information c	oncerning this matter, please of	·		1 3: 26 STATE LORIDA	C
	Yahu	mary Palacios	at (_ 786_)	423-5410	•	
	Name o	f Person		ytime Telephone Numbe	er	
Enclose	ed is a check for the	he following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	rporations g e Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unidos Tele	ecom, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	12/08/2008	ar	nd assig	ned
Florida document numberL08000112085					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here	<u>e</u> :			
Exclusive Ass					
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation	"LLC" o		breviation
Enter new principal offices address, if applicable:	13788 SW 15	7 ST	SECR	2009 D	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33	177	HASSE	OEC 2	
		W	SEE.	- 	m
Enter new mailing address, if applicable:	PO BOX 7725	587	OF SIME	P# ω.	O
(Mailing address MAY BE A POST OFFICE BOX)	<u>Miami, FL 33177</u>			26	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	our records, <u>enter</u> ter Florida street a		me of	the new
	City	, Fiorida _	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.

If Changing Registered Agent, Signature of New Registered Agent

• 🛦

MGR = Manager

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:

MGRM = N	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			□ D			
			r n			
			Add Remove ALCARE			
			Max Bomove L			
			SE Sand			
			Add Remove			
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)			
			_			
Dated		009				
	1_{Y_i}	ahumary Palacios d or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00