

L09000008435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

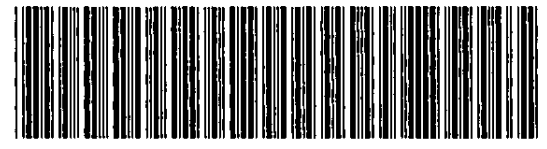
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSCOM SOLUTIONS 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:

Miguel Aguila
Name of Person

TRANSCOM SOLUTIONS LLC
Firm/Company

7200 LAKE ELLERSON DR, Suite 207
Address

ORLANDO, FL 32809
City/State and Zip Code

Miguel@transcom-solutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Aguila at (813) 326-5721
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**

Transcom Solutions 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 January 24, 2009 and assigned Florida document number LO9000008435.

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)

7200 LAKE ELLENOR DR.
Suite 207
ORLANDO, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 593124
ORLANDO, FL 32859

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:

LUIS A. RAMOS

New Registered Office Address:

7200 LAKE ELLENOR DR, Suite 207
Enter Florida street address

ORLANDO

City

, Florida

32809

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.

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

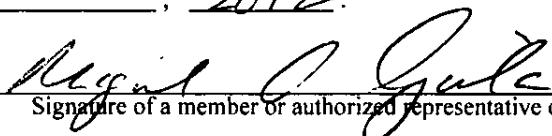
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Luis A. RAMOS	7200 LAKE ELLENOR DR	<input checked="" type="checkbox"/> Add
		Suite 207	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	
MGRM	Lilive the RAMOS	7200 LAKE ELLENOR DR	<input checked="" type="checkbox"/> Add
		Suite 207	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	
MGRM	SARA A. AGUILA	7200 LAKE ELLENOR DR	<input checked="" type="checkbox"/> Add
		Suite 207	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	
			<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 Nov 5, 2012.



Signature of a member or authorized representative of a member

MIGUEL AGUILA

Typed or printed name of signee

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Filing Fee: \$25.00