

LOG000021773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

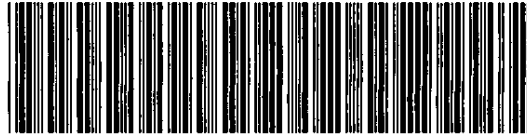
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2017 APR 17 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED
17 APR 17 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOIPPLUSTER NETWORK 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:

ROBSON OLIVEIRA
Name of Person
[Signature]
Firm/Company VOIPPLUSTER NETWORK SOLUTIONS, LLC
13611 S. Dixie Hwy, #109-461
Address
MIAMI, FL 33176
City/State and Zip Code
OLiveira0632@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robson Oliveira at (305) 469.9887
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

[Handwritten signature]

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VOIP/PCSTER NETWORK 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 03/05/2009 and assigned Florida document number LC9000021773

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

V P C SOLUTIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13611 S. DIXIE HWY, #109-461
MIAMI, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13611 S. DIXIE HWY, #109-461
MIAMI, FL 33176

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:

Robson OLiveria

New Registered Office Address:

13611 S. DIXIE HWY, #109-461

Enter Florida street address

MIAMI

Florida

33176

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.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>Robson Oliveira</u>	<u>13611 S. DIXIE HWY, # 109-461</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33176</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



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

CHANGING NAME

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 04/01/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 13, 2017.

Signature of a member or authorized representative of a member

ROBSON OLIVEIRA

Typed or printed name of signee

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