

# LD9000057616

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2009 DEC 17 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

DEC 18 2009

**EXAMINER**

**COVER LETTER.**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PCM 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:

Juan Jose Paredes  
Name of Person

PCM TELECOM, LLC  
Firm/Company

2559 Jardin Ln  
Address

Woburn, FL 33327  
City/State and Zip Code

Juan.Paredes@Termadisenas.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge MOGNA at (305) 910-6140  
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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PCM TELECOM, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/15/2009 and assigned  
Florida document number LO9000057616

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Jorge MOGNA

New Registered Office Address:

14401 NW 83rd Ave

Enter Florida street address

Miami Lakes

City

Florida

33026

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

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	Francisco Gallegos-Arca	2559 Jandin Ln Weston, FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Oswaldo Rosero	2559 Jandin Ln Weston, FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jorge Mogna	14401 NW 83rd Avenue Miami Lakes 33026	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Marielba Paredes	2559 Jandin Ln Weston FL 33327	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_,

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jorge Mogna  
\_\_\_\_\_  
Typed or printed name of signee

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2009 DEC 17 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA