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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
SEP 1 6 2011
EXAMINER

COVER LETTER

' Division of Co	rporations				
SUBJECT:	INTELEC (GLOBAL USA LLC			
	Name of Lim	ited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspondent	ondence concerning this matter	r to the following:			
		Gonzalo Jimenez			
		Name of Person		_	
	INTE	ELEC GLOBAL USA I	LLC	<u> </u>	
		Firm/Company			
	1560 Sawgra	ass Corporate Parkwa	av. 4th Floor		
		Address	.,, ,	_	
	Sunrise, FL 33323			201 SE	
	City/State and Zip Code			_ K& .	BTH M.
	Sunrise, FL 33323 City/State and Zip Code lissette.arencibia@intelecglobal.com E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be used for future annual rep	ort notification)	RY O	
For further information of	concerning this matter, please of	call:		OF S	
				OF STA	***
Liss	ette Arencibia	at (954)	331-4623	<u> 57:</u>	
Name o	of Person	Area Code &	Daytime Telephone Numb	per	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	□\$ 60.00 £	Filing Fee,	
	Certificate of Status	Certified Copy	Certifi	cate of Status &	
		(additional copy is e		ed Copy onal copy is enclosed	ı,
			(additi	onar copy is enclosed	,

TO:

Registration Section

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**

INTELEC GLOI (Name of the Limited Liability Compa (A Florida Limited L)		
The Articles of Organization for this Limited Liability Company Florida document numberL0900072343	were filed onJuly 28, 200	9 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	on "LLC" or the abbrev		
Enter new principal offices address, if applicable:	1560 Sawgrass Corporate	Parkway, 4th Floc		
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33323	201 SE		
		SEP 15		
Enter new mailing address, if applicable:	1560 Sawgrass Corporate	Pankway, 4th Flog		
(Mailing address MAY BE A POST OFFICE BOX)	Sunrise, FL 33323	S III		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:				
New Degistered Agent's Signature if changing Degistered 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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Man or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address** Type of Actic ☐ Add Remove ☐ Add Remove _ Add Remove Add Remove E.O D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 13 2011 Signature of a member or authorized representative of a member **GONZALO JIMENEZ** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00