

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
LD900081920

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000234203 3)))



H180002342033ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000117
Phone : (302)575-0875
Fax Number : (302)575-1642

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FILED
18 AUG 10 AM 8 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MTRAMAR MOBILE TV SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

REFUSED
2018 AUG 10 PM 2:22

H18000234203 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

18 AUG 10 AM 8:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIRAMAR MOBILE TV 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 8/25/2009 and assigned Florida document number L09D00081920

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

SURF TELECOM, LLC

The new name must be distinguishable and contain 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)

433 PLAZA REAL SUITE 275
BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

433 PLAZA REAL SUITE 275
BOCA RATON, FL 33432

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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>
MGR	YON MOREIRA	260 CRANDON BLVD.	<input type="checkbox"/> Add
		STE. 32 #99	<input checked="" type="checkbox"/> Remove
		KEY BISCAYNE, FL 33149	<input type="checkbox"/> Change
AMBR	EUTV CONSULTORIA E INTERMEDIACÃO DE NEGÓCIOS S.A.	433 PLAZA REAL, SUITE 275	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 AUG 10 AM 8:27
FILED
TALLAHASSEE REGIONAL

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

10
 AUG 10 AM 8:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

E. Effective date, if other than the date of filing: _____ (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 601.0207 (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:
 (1) The 90th day after the record is filed.

Dated: August 9th 2013

 Signature of a member or authorized representative of a member

Yon Moreira da Silva Jr.

 Typed or printed name of signer