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T. HAMPTON

DEC 1 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C		·				
SUBJECT:	SOUTH FLORI	DA CALL CENTER LLC				
SOBJECT.	Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matter	er to the following:				
		Maricell E Cabello Name of Person				
		Number of Person				
SOUTH FLORIDA CALL CENTER LLC						
	Firm/Company					
	3850 Bird Road #105					
Address						
	Occal Oction El 20140					
	Coral Gables FL 33146  City/State and Zip Code					
mcabello@samclend.com						
	E-mail address: (	(to be used for future annual report notification)				
For further information	concerning this matter, please	call:				
Ма	ricell E Cabello	at ( 305 ) 310-0980				
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 & Sectified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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

SOUTH FLORIDA CA	LL CENTER L	<u>.LC</u>	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears or bility Company)	our records.	
·			
The Articles of Organization for this Limited Liability Company w	ere filed on	11/16/09	and assigned
Florida document numberL09000109918			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company,'	the designation "LLC"	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u>9 ⊻</u> ∨
			DEC
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- 02. Y
			<b>2</b> 200
			RA:A
B. If amending the registered agent and/or registered offic	e address on our	records, enter the	
registered agent and/or the new registered office address here:			XS:
Name of New Registered Agent:			
Name of New Registered Agent:			· ·
New Registered Office Address:	F 4.	DI -1	
	Enter 1	Florida street address	r
<del></del>	<u></u>	, Florida	Zip Code
	City	4	up Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	to act in this cana	city. I further agree	to comply with
the provisions of all statutes relative to the proper and comple	te performance of n	ny duties, and I am j	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGR Marylin R Dans 3850 Bird Road Suite 105 ✓ Add Coral Gables FL 33146 Remove □ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 7th 2009 Dated Signature of a member or authorized representative of a member Marylin R Dans Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00