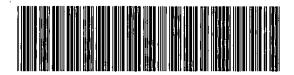
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T. CLINE

MAY - 4 2010

EXAMINER

COVER LETTER

TO: Registration 5 Division of Co				
SUBJECT:	GHYKA	TELECOM LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	AUCAR N	MERCHAN, LUISA FERNAND)A	
		Name of Person		
	G	HYKA TELECOM LLC		
		Firm/Company		
	616	S WALTER REED DRIVE	IAI SI	3
		Address	EC S	
	ARLINGTON VA 22204		HASS	7010 HAY -3 PM 12: 03
	-	City/State and Zip Code		-0 r
	F-mail address:	lu@ghykatelecom.net to be used for future annual report notifica	(00)	
For further information	concerning this matter, please		tion)	င္မ
Tot fataloi intormation	concerning and maner, picuse	ouii,	~~~	-
	RES HURTADO		23-8932	
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	ised)
	LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHYKA TE	ELECOM LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document numberL10000019499			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	Ē:	
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			ALIO BIO
(Principal office address MUST BE A STREET ADDRESS)	2		AR #
			AR -3
			EC.F
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		······································	PATE 03
B. If amending the registered agent and/or registered registered agent and/or the new registered office address !		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			ev
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and co			

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGRM	AUCAR MERCHAN LUISA	616 S WALTER REED DRIVE ARLINGTON VA 22204	Add Remove
MGR_	BOSISIO, YOLANDA	6667 SW 56TH ST UNIT 902 MIAMI, FL 33155	✓ Add Remove
			Add Remove Remove Remove Remove Remove
D. Ifamen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	—————————————————————————————————————
 Dated	APRIL 20 Signature of a member	or authorized representative of a member	
	AUCAR ME	ERCHAN, LUISA , MGRM	and the second s

Page 2 of 2

Filing Fee: \$25.00