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SECTE LARY OF STATE

K.SALY EXAMINER OCT 23 2012

COVER LETTER

то:	Registration Sec Division of Corp	ction porations		
SUBJE	ECT:	Total	GSM, LLC	
		Name of Limit	ted Liability Company	
		Amendment and fee(s) are sub	_	
riease	return all correspon	ndence concerning this matter	to the following:	
			Juan C. Viloria	
			Name of Person	
			Total GSM, LLC	
			Firm/Company	•
		1020	0 NW 25 Street, Ste. 111	
			Address	
			Doral, Florida 33172	
City/State and		City/State and Zip Code	··	
		E-mail address: (riloria@totalgsm.com to be used for future annual report notifica	tion)
For fur	ther information co	oncerning this matter, please c	all:	
	Jua	an C. Viloria		29-8901
	Name of	Person	Area Code & Daytime 1	elephone Number
Enclos	ed is a check for th	e following amount:		
\$25	5.00 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)
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	R ADDRESS:

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
12 OCT 22
SECRETARY OF STATE (ALLAHASSEE, FLORDA)
) SEE, FLORIDA'

	Total GSM, LLC	. uti	LAIMSSEE, FLORID
(Name of the Limited (A	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	- ···LURIO
The Articles of Organization for this Limited I	iability Company were filed on	05/11/2010	and assigned
Florida document numberL1000005	0732		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	-		
Enter new mailing address, if applicable:			<u>-</u>
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and	/or registered office address on	our records, enter t	he name of the ney
registered agent and/or the new registered		,	
Name of New Registered Agent:	Juan C. Viloria		
New Registered Office Address:	10200 NW 25 Street, Ste.		
	Enter Florida street addre		ress
	Doral	, Florida	33172
	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 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

Page 1 of 2

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
MGMR	Carol M. Adrianza	10200 NW 25 Street, Ste. 111 Doral, Florida 33172	Add Remove
<u>MGMR</u>	Juan C. Viloria	10200 NW 25 Street, Ste. 111 Doral, Florida 33172	✓ Add Remove
			Add Remove
			Add Remove
			□Add □Remove
	 		Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
			_
			-
Dated	October 18	2012 5	
		Juan C. Viloria yped or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00