

L10000089095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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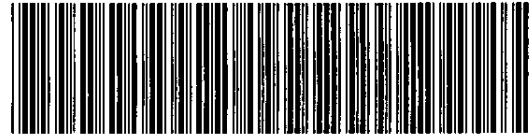
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 6 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHONE MART, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS SOSA

Name of Person

PHONE MART, LLC

Firm/Company

9835 SW 72 ST. #207

Address

MIAMI, FL 33173

City/State and Zip Code

carlos@sosaandassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Tamayo

Name of Person

at (305)

275-7355

Area Code & Daytime Telephone Number

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$25.00 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)

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**

Phone Mart, 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 August 24, 2010 and assigned
Florida document number L10000089095.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Carlos Sosa

New Registered Office Address: 9835 SW 72 St. #207

Enter Florida street address

Miami, Florida 33173
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

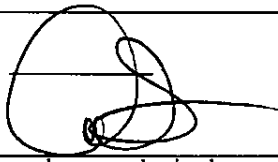
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/M	Carlos Sosa	9835 SW 72 St. Suite #207 Miami, FL 33144 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR/M	Linda Tamayo	9835 SW 72 St. Suite #207 Miami, FL 33144 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Yoslayne Lopez	8316 NW 195 Terr Miami, FL 33015 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Lazaro A. Rodriguez	8316 NW 195 Ter Miami, FL 33015 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Carlos Sosa
Typed or printed name of signee

11 SEP -2 PM 2:39
STATE
TALLAHASSEE, FLORIDA