## L11000004642

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11 JUN 20 PM 2: 26
SECRETARY OF STATE

J. BRYAN

JUN 21 2011

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
SUBJECT:	EM. Name of Limi	TELECOM LLC ited Liability Company	<del></del>
	Amendment and fee(s) are sub ondence concerning this matter	_	
		LEON BALZA	
		Name of Person	
	L & N GI	ENERAL FILING SERVICES	For #
		Firm/Company	Fig & T
	### STREET STE 1001  Address  DORAL, FL 33166  City/State and Zip Code		
		Address	M 20 PH
		DODAL EL 22466	
		DORAL, FL 33166 City/State and Zip Code	
	in.	gralfiling@yahoo.com	SA S
	E-mail address: (	to be used for future annual report notific	ition)
For further information	concerning this matter, please of	eall:	**
	1501		05.000
Name	LEON of Person	at ( <u>786)</u> 2 Area Code & Daytime	35-0909
rvanc.	01 1 013011	Alex code to Daytime	religitione (Manager
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations sox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EM TELEC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	•,
The Articles of Organization for this Limited Liability Company	were filed on	01/12/2011	and assigned
Florida document number L11000004642		Ť	治之一
This amendment is submitted to amend the following:			and assigned The See State See See See See See See See See See S
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	77.0
GLOBAL COMMUNICA			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	701 BRICKE	LL AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	<b>SUITE 1550</b>		
	MIAMI, FL 3	3131	
Estantian and Diagonal durantic Specification	701 BRICKE		
Enter new mailing address, if applicable:	SUITE 1550	LL AVENOL	_
(Mailing address MAY BE A POST OFFICE BOX)		2424	
	MIAMI, FL 3	3131	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	<del></del>		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			;
	Enter Florida street address		
	271	, Florida	71. 6. 1
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANNA TEDESCO	41 SE 5TH ST SUITE 2103 MIAMI, FL 33131	Remove
<del></del>			
N <del>e</del>	<u> </u>		Add Remove
			Add Remove
			Remove
D. If amend	ling any other information, e	nter change(s) here: (Attach additional sheets,	if necessary.)
			SECRET
—— Dated	JUNE 13		20 PM 2: 27 ARY OF STATE SSEE, FLORID
	Signature	of a member of authorized representative of a member	To the second se
		EMANUELE DE LUCIA	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00