## L11000040050

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EXAMINER

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## **COVER LETTER**

TO: Registration Division of C	i Section Corporations				
SUBJECT:	TELE (	COM ETC, LLC			
		ited Liability Company	····		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
		DONNA RAINEY			
		Name of Person			
	<u></u> -	Firm/Company		2011	
	1	03 E. DR. MLK BLVD.  Address	क ज 	2011 APR 22 PM 2: 54	Process of
	Р	LANT CITY, FL 33563			
	BUSDF	City/State and Zip Code RIVERQT@HOTMAIL.COM	500 miles 500 miles 600 miles 500 mi	2:54	" AM MAINT
For further informatio	E-mail address: ( n concerning this matter, please of	to be used for future annual report notific	ation)		
	ONNA RAINEY		16-1145		
Nam	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check fo	or 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 Certificate o Certified Co (additional c	f Status &	ed)
Regi	ILING ADDRESS: istration Section sign of Cornorations	STREET/COURIE Registration Section Division of Corporate			

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TELE COM ETC, LLC			
( <u>Name of the Limited</u> (/	Liability Company as it now appea Florida Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on	APRIL 4, 2011	and assigned	
Florida document numberL1100004	0050			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :		
	TELECOM ETC, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applic	able:		andraig.	
(Principal office address MUST BE A STREE	T ADDRESS)		2011	
		<del></del>	AP T	
			AS(2)	
Enter new mailing address, if applicable:			<b>元</b> ~	
(Mailing address MAY BE A POST OFFICE	ROX)		7 3 17	
William Control of the Control of th				
			<del>2</del> <del>2</del>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on fice address here:	our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	GISELA TARONJI-CRUZ			
New Registered Office Address:	3815 SUGAR CREEK CT.			
	Enter Florida street address			
	PLANT CITY	, Florida _	33563	
	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.

Carselo Torche fe Cus.
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>	Type of Action			
MGR	GISELA T CRUZ	3815 SUGAR CREEK CT PLANT CITY, FL 33563	Add Remove			
MGR	GISELA TARONJI-CRU	JZ 3815 SUGAR CREEK CT. PLANT CITY, FL 33563	✓ Add Remove			
			Add Remove			
			Add Remove			
			2011 Add Remove			
_			Add Remove			
D. If an		er change(s) here: (Attach additional sheets, if necessar	y.)			
	ARTICLE IV GISELA T CRUZ		<del></del>			
	ARTICLE IV GISELA TARON	JI-CRUZ (ADD)	<del></del>			
Dated	APRIL 20	, <u>2011</u> .				
	Signature of	a member or authorized representative of a member	<del></del>			
	Signature of a	GISELA TARONJI-CRUZ				
Typed or printed name of signee						

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Filing Fee: \$25.00