

L11000074446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

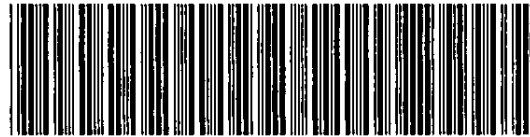
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900236213469

06/18/12--01004--014 **25.00

FILED
2012 JUN 18 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 19 2012

EXAMINER

SOLOWSKY ALLEN

ATTORNEYS AT LAW

Richard L. Allen

915 MIAMI CENTER
201 S. BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

www.salawmiami.com

TELEPHONE 305.371.2223
BROWARD 954.522.5688
FAX 305.373.2073

rallen@salawmiami.com

June 15, 2012

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

**Re: Intelcom Solutions, LLC
Our File No. 3821.001**

Dear Sir/Madam:

Enclosed please find a Cover Letter, Articles of Amendment to Articles of Organization, and a check made payable to the Florida Department of State in the amount of \$25.00.

Please file the Articles of Amendment to Articles of Organization and send undersigned counsel a letter of acknowledgment after the Amendment has been filed.

If you have any questions, please do not hesitate to contact me.

Very truly yours,


RICHARD L. ALLEN

RLA/ml
Enclosures

m:\main\intelcom solutions usa, llc\letters\l-div-corp-6-15-12.docx

FILED
2012 JUN 18 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTELECOM SOLUTIONS, 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:

Richard L. Allen, Esq.

Name of Person

Solowsky & Allen, P.L.

Firm/Company

**915 Miami Center
201 S. Biscayne Blvd.**

Address

Miami, FL 33131

City/State and Zip Code

rallen@salawmiami.com

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

FILED
2012 JUN 18 PM 4:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Richard L. Allen, Esq.

at (**305**) **371-2223**

Name of Person

Area Code & Daytime Telephone Number

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**

INTELECOM SOLUTIONS, 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 June 24, 2011 and assigned Florida document number L11000074446.

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: _____

New Registered Office Address: _____

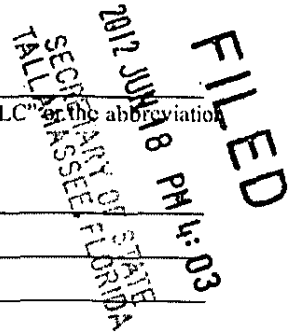
Enter Florida street address

_____, Florida _____
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:

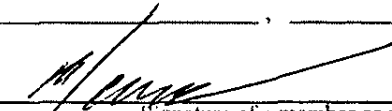
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ARTHUR DAVIDIAN	1070 S. Collier Blvd., Suite 307 Marco Island, FL 34145	<input checked="" type="checkbox"/> Remove
MGRM	NELLY DAVIDIAN PARSEH	1070 S. Collier Blvd., Suite 307 Marco Island, FL 34145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)*

JUN 18 PM 4:04
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____



 Signature of a member or authorized representative of a member
 ARTHUR DAVIDIAN

 Typed or printed name of signee