

#L11000093089

From: GFI FaxMaker
Division of Corporations

To: Registration Section

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8/27/2012

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : THE ROBBINS LAW FIRM PA
Account Number : I20060000025
Phone : (727)822-8696
Fax Number : (727)471-0616

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ALTELS MANAGEMENT LLC

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EXAMINER
AUG 28 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTELS MANAGEMENT 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:

JOYCE E. LORD, PARALEGAL

Name of Person

LYNCH & ROBBINS, PA.

Firm/Company

2639 DR. MLK JR. STREET NORTH

Address

ST. PETERSBURG, FL 33704

City/State and Zip Code

jlord@floridalawyer.com

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

For further information concerning this matter, please call:

JOYCE E. LORD, PARALEGAL

Name of Person

at (727)

822-8696

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 &
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(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

H120002137463

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALTELS MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE
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The Articles of Organization for this Limited Liability Company were filed on August 15, 2011 and assigned
Florida document number L11000093089

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: Lynch & Robbins, P.A.

New Registered Office Address: 2639 Dr. MLK Jr. Street North

Enter Florida street address

ST. PETERSBURG, Florida 33704

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.

Christopher Robbins
If Changing Registered Agent, Signature of New Registered Agent

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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:

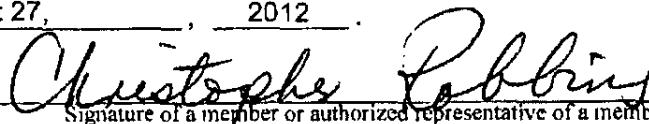
MGR = Manager
MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Geoffrey Edelsten	2639 Dr. MLK Jr. Street North St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Isaac K. Mawardi	4142 North 28th Terrace Hollywood, FL 33020	<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
			<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 August 27, 2012



Signature of a member or authorized representative of a member

Christopher Robbins, Esquire

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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