## L12000058156

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## **COVER LETTER**

TO:

Registration Section\* Division of Corporations

SUBJECT

ETECSA TEL 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:

**NIEVE J ABREU** 

Name of Person

Firm/Company

7926 WOODGROVE CIR

Address

TAMPA, FL. 33615

City/State and Zip Code

ETECSATEL@YAHOO.COM

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

For further information concerning this matter, please call:

MANUEL HERNANDEZ

813<sub>4</sub>03-8265

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

(Nome of the Limited Line)		<del></del>	_	
(A Florida	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L 12000058156</u>	Company were filed on MAY 01, 2012	and	assigne	ed.
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "	LLC" or tl	he abbre	 eviation
Enter new principal offices address, if applicable:		¥.	2	
(Principal office address MUST BE A STREET ADL	DRESS)		E	
		]	<u>=</u>	
Enter new mailing address, if applicable:		SEL TOS	10 AN	
(Mailing address MAY BE A POST OFFICE BOX)		_ <u></u>	<u> </u>	<u>,                                     </u>
		<u>5</u> F	42	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		the name	e of th	ie ney
Name of New Registered Agent:				
New Registered Office Address:	F	1		
•	Enter Florida street ad	aress		
	, Florida	Zip Co	oda .	
	City	$z_{ip} c_i$	uue	

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 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 Address Type of Action **Title** Name 1 8262 GREENLEAF CIR **MGRM** JANNY C. HERNANDEZ TAMPA, FL. 33615 Remove 7926 WOODGROVE CIR **NIEVE J ABREU MGRM** TAMPA, FL. 33615 7326 SWINDON RD JOSE M HERNANDEZ MGR TAMPA, FL. 33615 Remove

		nter change(s) here: (Attach additional sheets, if necessary.)  MAY 30, 2013, WE SOLICITING REMOVE TO			
<del></del>	IOSE M HERNANDEZ, OF THE CORPOTATION, PLEASE REMOVE NOW				
Ţ	HANKS				
– Dated JU	N 06,	2013			
	Signature o	of a member or authorized representative of a member			
	NIEVE J ABREU	·			
		Typed or printed name of signee			

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Filing Fee: \$25.00

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