## L12000126661

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SALVAHASSEE, FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HARRY CO	OMUNICACION	ES LLC			
DOCUMENT NUMBI	1.1200012660					
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	HARRY RIBOT LAGUER					
-	Name of Contact Person					
_	Firm/ Company					
_	6132 BEACON ISLES DR. APT 201					
	Address					
_	IAN	/IPA FL 33615				
		City/ State and Zip Cod	e			
h_r4	l43@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
HARRY RIBC	T LAGUER	at ( <b>813</b>	, 514-7582			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				





October 17, 2013

HARRY RIBOT LAGUER . 6132 BEACON ISLES DR APT 201 TAMPA, FL 33615

SUBJECT: HARRY COMUNICACIONES LLC

Ref. Number: L12000126601

We have received your document for HARRY COMUNICACIONES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Submitted come Board

Letter Number: 513A00024307

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARRY COMUNICAC  (Name of the Limited Liability Compan (A Florida Limited Li	Y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1200012660</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	6132 BEACON ISLES DR. APT 201 TAMPA FL 33615
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	6132 BEACON ISLES DR Apt 20 TAMPA FL 33615
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	N/A
New Registered Office Address: 6132	BEACON ISLES BR APT 201  Enter Florida street address  PA , Florida 33615
TAM	PA , Florida 33615  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is

W/A

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

<u>Title</u>	Name	Address	Type of Action
		<u>/xxxx.035</u>	Type of rection
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Filing Fee: \$25.00