## 1-12000128103

(Reque	estor's Name)		
(Addre	ss)		
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(City/S	tate/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Na	me)	
(Document Number)			
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**EXAMINER** 



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## **COVER LETTER**

CUDIFOT.	SipCom	Networks, LLC	
SUBJECT:	Name of Limit	ed Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Anthony Krol	
	<del></del>	Name of Person	
	;	SipCom Networks, LLC	
	· · ·	Firm/Company	
		3104 N. Armenia Ave.	
		Address	·
		Tampa, Florida 33607	
		City/State and Zip Code	····
		y@sipcomnetworks.com	
	E-mail address: (to	be used for future annual report	notification)
For further information	concerning this matter, please ca	all:	
	Anthony Krol	at (	892 7525
Name of Person Area Code & Daytime Telephone Number		ytime Telephone Number	
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SipCom Net	works, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company L12000128103	were filed on	10/08/2012	and assigned
lorida document number			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
he new name must be distinguishable and end with the words "Limi	ted Liability Compa	ny," the designation '	'LLC" or the abbreviat
L.L.C."			<b>₹ ₹</b>
nter new principal offices address, if applicable:		7	ž ž
rincipal office address MUST BE A STREET ADDRESS)	<u></u>	į	n≥ N
		;- -	niek – i Nacional ingel
		- - ''	
nter new mailing address, if applicable:		2	
Mailing address MAY BE A POST OFFICE BOX)	·		<del></del>
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here</li> </ol>		ur records, <u>enter</u>	the name of the n
gistered agent and/or the new registered office address here	<u>e</u> ;		
N. CN. D. C. LA		·	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		dress
		, 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 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>	Address	Type of Action
MGRM ————	Anthony J. Krol	3907 N. Dartmouth Ave, Tampa Fi, 33603	Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if neces	sary.)
			<del></del> ;
	November 5	2012	
	Signature of a m	ember or authorized representative of a member	
	orginature of a fir	Anthony J. Krol	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00