

L13000131812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. SAULSBERRY
EXAMINER
OCT 31 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TELESOL NETWORK,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 C.Muamba Nzambi

Name of Person

Telesol Network,LLC

Firm/Company

13765 SW 90th Avenue, Unit K201

Address

Miami,Florida 33176

City/State and Zip Code

rcmuamba@telesol.net

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

For further information concerning this matter, please call:

Richard C.Muamba Nzambi at **(305) 495-1037**

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TELESOL NETWORK ,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 September 18, 2013 and assigned
Florida document number L13000131812.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TELESOL NETWORKS ,LLC

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)

13765 SW 90TH AVENUE, UNIT K201

MIAMI , FLORIDA 33176

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

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STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 23, 2013.

Richard C. Muamba

Signature of a member or authorized representative of a member

RICHARD C. MUAMBA NZAMBI

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF NEW YORK
DEPARTMENT OF STATE