

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES,

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleaser\*\*

larin1312@hotmail.com Email Address:

**⊞≨LLC AMND/RESTATE/CORRECT OR M/MG RESIGN** IKARUS ELECTRONIC COMMUNICATION & SERVICES LLC

Certificate of Status Certified Copy 0 Page Count Estimated Charge \$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**IKARUS Electronic Communication & Services LLC** 

(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Dability Company)
The Articles of Organization for this Limited Liability Company of Florida document number. L13000139564	were filed on October 2, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable	ility company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	. ≥o
	TO STORY
Enter new malling address, if applicable:	girs Si avar.
(Mulling address MAY BE A POST OFFICE BOX)	74 · 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1
The first state of the state of	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	e:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street uddress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p	lese performance of my duties, and I am familiar with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

Page 1 of 3

company has been notified in writing of this change.

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If Changing Registered Agent, Signature of New Registered Agent

(((H13000237842 3)))

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
MGR	Ramon Acosta	1014 Salzedo Street #110 Coral Gable	∋ ✓ Add
		Florida, 33314	Remove
			Add
			Remove
	·	A service of the serv	Remove
			Add
	Printer and the second		Add
			Remove

Page 2 of 3

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Dated 10/23/2013

Signature of a member or authorized epresentative of a member

Luvin Fernando Ariza Acosta

Typed or printed namo of signae

Page 3 of 3

Filing Fee: \$25.00