

L14000002040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

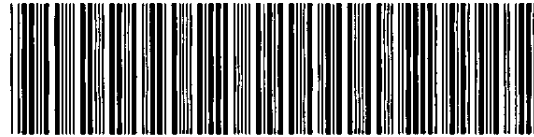
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/08/14--01002--021 **25.00

RECEIVED
14 JAN -8 PM 12:30
DIVISION OF COURT REPORTING

2014 JAN -8 AM 11:36
FALLA, J. M. - 0100

B. POSTICK

JAN - 9 2013

EXCISE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GLOBOTEL NETWORKS LLC

Signature _____

Requested by: SN

01/07/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

2014 JAN - 8 AM 11:36
TALLAHASSEE, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBOTEL NETWORKS 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:

FLORENTINO SANTOS

Name of Person

GLOBOTEL NETWORKS LLC

Firm/Company

12864 Biscayne Blvd, Suite 405

Address

North Miami, FL 33181

City/State and Zip Code

florentino@globotelvoip.com

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

For further information concerning this matter, please call:

FLORENTINO SANTOS

Name of Person

at **786 245-8081**

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

2014 JAN -8 AM 11:36
TALLAHASSEE, FL

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FLORENTINO SANTOS	12864 Biscayne Blvd. Suite 405	<input checked="" type="checkbox"/> Add
		North Miami, Fl. 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

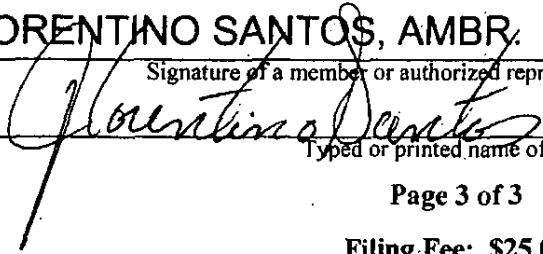
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 08, 2014

FLORENTINO SANTOS, AMBR.

Signature of a member or authorized representative of a member



Typed or printed name of signee

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Filing Fee: \$25.00

FILED

JAN 10 2014