

L14000008517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

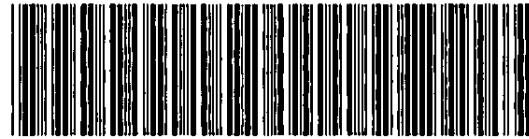
(Business Entity Name)

(Document Number)

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JAN 10 2014

B. BOSTICK

FEB 10 2014

EXAM. ER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SANCUS TELECOM 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:

**ALEXANDER PRASIEVI**

Name of Person

**SANCUS TELECOM LLC**

Firm/Company

**1395 BRICKELL AVE , # 800**

Address

**MIAMI , FL 33131**

City/State and Zip Code

**APRASICOS@GMAIL.COM**

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

For further information concerning this matter, please call:

**ALEXANDER PRASIEVI** at **954** **665-7777**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA

SANCUS TELECOM LLC

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>
MGR	Ngandu, Pacha	1395 Brickell Ave	<input type="checkbox"/> Add
		# 800, Miami, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	Mpengele, Papin D'ave	1395 Brickell Ave	<input type="checkbox"/> Add
		# 800, Miami , FL 33131	<input checked="" type="checkbox"/> Remove
MGR	Treble, Wayne	1395 Brickell Ave,	<input type="checkbox"/> Add
		# 800 , Miaim , FL 33131	<input checked="" type="checkbox"/> Remove
MGR	Wade, Ryan	1395 Brickell Ave ,	<input type="checkbox"/> Add
		# 800, Miami, FL 33131	<input checked="" type="checkbox"/> Remove
Wade			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF THE COURT

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

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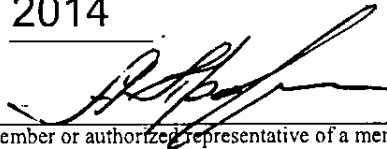
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 5, 2014



Signature of a member or authorized representative of a member

ALEXANDER PRASIEVI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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