14000008517

(Re	equestor's Name)			
(Ad	dress)			
(Ád	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
ā)			

Office Use Only



700256039557

02/07/14--01017--014 **25.00

B. BOSTICK

FEB 10 7014

EXA: 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

.,954

665-7777

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANCUS TELECOM LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 01/15/2014 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number L1400008517 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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

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 605, 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

, Florida

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>	Address	Type of Action
MGR	Ngandu, Pacha	1395 Brickell Ave	
		# 800, Miami, FL 33131	■ Remove
MGR	Mpengele,Papin D'eve	1395 Brickell Ave	
		# 800, Miami , FL 33131	Remove
MGR	Treble,Wayne	1395 Brickell Ave,	□ Add
		# 800 , Miaim , FL 33131	■ Remove
			· · · · · · · · · · · · · · · · · · ·
MGR	Wade, Ryan	1395 Brickell Ave,	Add (Table)
		# 800, Miami, FL 33131	Remove
		0210 	3: 0
Wade	- LOUNT COLOUR		□ Add
			□ Remove
		<u></u>	
			Remove

. If amending any other information	on, enter change(s) here: (Attach addition	onal sheets, if necessary.)
,		
Effective date, if other than the de (The effective date must be specific, cannot the date this document is filed by the Flori	ate of filing: be prior to date of receipt or filed date and cannot da Department of State)	(optional) be more than 90 days after
February 5	2014	0
Dated 1 Edituary 3		
Si	gnature of a member or authorized representative	e of a member
	DER PRASIEVI	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00