

L14000046514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

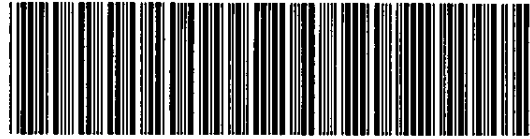
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500259103375

04/18/14--01019--012 **25.00

FILED
14 MAY 19 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2014

CAROL SOTELDO
1117 SW 117 CT
MIAMI, FL 33184

SUBJECT: A.S.A.P. VOICE, VIDEO, DATA, SOUND & ACCESS. LLC.
Ref. Number: L14000046514

We have received your document for A.S.A.P. VOICE, VIDEO, DATA, SOUND & ACCESS. LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00008583

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ADDING MGR AND AMBR**

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:

CAROLV. SOTELDO

Name of Person

ASAP VOICEVIDEO DATASOUND & ACCESS LLC

Firm/Company

1117 SW 117 COURT

Address

MIAMI, FL 33184

City/State and Zip Code

MARCUADRA@HOTMAIL.COM

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

For further information concerning this matter, please call:

CAROL V. SOTELDO

Name of Person

at **786 344-5999**

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ASAP VOICE VIDEO DATA SOUND & ACCESS 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 MARCH 20 2014 and assigned Florida document number L14000046514.

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

 , 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 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

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>
MMGR	FRANCO GIANNATASSIO	1117 SW 117 COURT MIAMI, FL 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MMGR	ATAHUALPA SOTELDO	1117 SW 117COURT MIAMI, FL 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	MARCELO CUADRA	1117 S.W. 117 COURT MIAMI, FL 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MMGR	MARCELO CUADRA	1117 S.W. 117 COURT MIAMI, FL 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

14 MAY 19 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(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 4/15/2014


Signature of a member or authorized representative of a member

CAROL V. SOTELDO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY 19 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA