L14000116439

(Red	questor's Name)	_
•		
(Add	dress)	
· (Add	dress)	
(, tac	11000)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(52)	Zillovo Elling Ivali	,
, (Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	-iling Officer:	

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14 NOV 25 PH 3: 35
SECRETARY OF STATE

G. HARVEY

DEC 05

EXAMINER

COVER LETTER

	istration Sect sion of Corp					
SUBJECT:	QUICKEN	TELECOM, LLC				
		Name of Limi	ted Liability Company			
•		mendment and fee(s) are submedence concerning this matter	-			
		BIANCA BAUERLE				
			Name of Person			
		RACHLIN & ASSOC	CIATES			
			Firm/Company	<u> </u>	•	
		11120 N KENDALL	DRIVE SUITE 201			
			Address			
		MIAMI, FL 33176				
		BIANCARSA@BELL	City/State and Zip Code SOUTH.NET to be used for future annual report notific	notion)	NOV 25 CRETAR LARASS	History,
For further in	formation co	ncerning this matter, please ca	·	cation)	PH 3:	
BIANÇA	BAUERLE		305 270-2040			
	Name of	Person		Telephone Number	 >	
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

QUICKEN TELECOM, LLC				
(<u>Name of the Limited Liab</u> (A Flori	ity Company as it a Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L14000116439</u>	Company were f	led on <u>07/24/2014</u>	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	iited liability co	mpany here:		
The new name must be distinguishable and end with the words "	imited Liability Cor	npany," the designation "LLC" or the abbrev	iation "L.L.C."	_
Enter new principal offices address, if applicable:	131	0 PARK CENTRAL BLVD S		
(Principal office address MUST BE A STREET ADI	RESS) SUI	TE C98		_
	PO	MPANO BEACH, FL 33064		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0 PARK CENTRAL BLVD S	14 NOV 2	in the second se
imaning duaress MAT BEAT 03T 01TICE BOX	PO	MPANO BEACH, FL 33064	or r	— 17:
B. If amending the registered agent and/or reg	stered office a	ddress on our records, enter the	S w	 ;
Name of New Registered Agent:				_
New Registered Office Address: 13	0 PARK CEN	TRAL BLVD S, SUITE C98		
		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.

POMPANO BEACH

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>3</u>3064

Zip Code

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	FREDERICO BAGGIO	201 S BISCAYNE BLVD	□ Add
•		28TH FLOOR	■ Remove
-		MIAMI, FL 33131	
MGR	FREDERICO BAGGIO	1310 PARK CENTRAL BLVD S	■ Add
		SUITE C98	Remove
		POMPANO BEACH, FL 33064	
MGR	DIMAS FRANCO JR	201 S BISCAYNE BLVD	> cr□ Add
		28TH FLOOR	Remove T
		MIAMI, FL 33131	SSECTION OF STREET
MGR	DIMAS FRANCO JR	1310 PARK CENTRAL BLVD S	
		SUITE C98	Remove
		POMPANO BEACH, FL 33064	
			Add
			Remove
			
			□ Add
			Remove

, 1	
	
	(optional) nd cannot be more than 90 days after
WWW I Signature of a member or authorized rep	resentative of a member
-	
	the date of filing: annot be prior to date of receipt or filed date a Florida Department of State) 2014 Signature of a member or authorized rep AGGIO

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE