

L14 000161294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

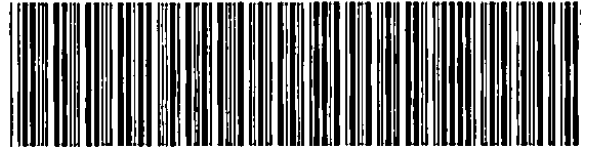
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11-11-20
2020 NOV 19 PM 4:14
SECURITY OFFICER
11/19/20

L.A.
12/22/20

TO: Registration Section
Division of Corporations

SUBJECT: Telecono Multi-Services 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:

Chesnel Carjuste
Name of Person

Telecono Multi-Services LLC
Firm/Company

388 SE 2nd Ave Suite B
Address

Delray Beach, FL 33483
City, State and Zip Code

ccarjuste@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chesnel Carjuste at (561) 562-1811
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Telecono Multi-Services 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 _____ and assign
Florida document number L14000161294.

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 contain 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)

FILED
2020 NOV 19 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Chesnel Carjuste

New Registered Office Address:

388 SE 2nd Ave, Suite B

Enter Florida street address

Delray Beach

City

Florida

3348

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.

Chesnel Carjuste

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ST Nelus, Lavoix, MGR</u>	<u>910 S Swinton Ave</u>	<input type="checkbox"/> Add
		<u>Delray Beach, FL 33444</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>Cajuste, Marie Mildred</u>	<u>528 NW 47th Avenue</u>	<input type="checkbox"/> Add
		<u>Delray Beach, FL 33445</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>Advisor</u>	<u>Patrick, Cajuste N</u>	<u>388 B SE 2nd Ave</u>	<input type="checkbox"/> Add
		<u>Delray Beach, FL 33483</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.021

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative

CHESNEL CARJUSTE
Typed or printed name of signee