

L15000152877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

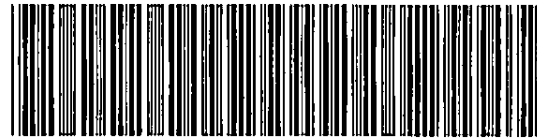
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300302718833

08/21/17--01007--003 **30.00

FILED
17 AUG 21 AM 11:49
TALLAHASSEE, FLORIDA

AUG 23 2017

YCHKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL COMMUNICATIONS 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:

YVES MAIA

Name of Person

TAX LINKS

Firm/Company

5111 SOUTH ORANGE AVENUE

Address

EDGEWOOD, FL 32809

City/State and Zip Code

TAX.LINKS@CONSULTANT.COM

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

For further information concerning this matter, please call:

YVES MAIA

Name of Person

407 270-4846
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

CENTRAL COMMUNICATIONS 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 09/14/2015 and assigned
Florida document number 1.15000152877.

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)

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:

6911 UNIVERSITY BLVD

Enter Florida street address

WINTER PARK

City

, Florida 32792

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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 | ARCE, CARLOS G | 516 MADRIGAL CT | <input type="checkbox"/> Add |
| | | ORLANDO FL 32825 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ARCE, ROSA H | 516 MADRIGAL CT | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32825 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | ARCE, JUAN C | 6911 UNIVERSITY BLVD | <input checked="" type="checkbox"/> Add |
| | | WINTER PARK, FL 32792 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | LAY, JONATHAN | 6911 UNIVERSITY BLVD | <input checked="" type="checkbox"/> Add |
| | | WINTER PARK, FL 32792 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

17 AUG 2014
AMH: 4.9
FLORIDA
HASTIE, FLORIDA

17 AUG 21 AM 11:49
DIVISION OF INVESTIGATION
TALLAHASSEE, FLORIDA

17 AUG 21 AM 11:49
U.S. AIR FORCE
HASSLER, FLORIDA

(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 605.0207 (3)(b)

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.

Dated 08/17 2017

Signature of a member or authorized representative of a member

JUAN CARCE

Typed or printed name of signee