

L15000209778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

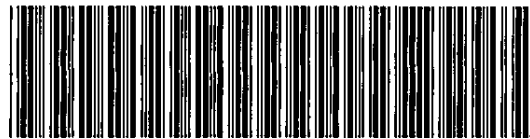
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 28 PM 12:19

FILED

K. SALY
EXAMINER
DEC 30 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Refresh 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:

David Leavitt

Name of Person

Refresh Telecom

Firm/Company

415 Montgomery Road Suite 131

Address

Altamonte Springs, FL 32750

City/State and Zip Code

dave@refreshtelecom.com

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

For further information concerning this matter, please call:

David Leavitt

407 221-8240
at ()

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

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SCHOOL OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

Page 1 of 3

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>
President	David Leavitt	1000 Ridge Pointe Cove	☐ Add
		Longwood, FL	☐ Remove
		32750	☒ Change
Vice Pres	Andrew Hoopper	15042 Montesino Dr	☐ Add
		Orlando, FL	☐ Remove
		32828	☒ Change
	Jonathan Sullivan	1030 Paces Circle	☐ Add
		Apt. 200	☒ Remove
		Apopka, FL 32703	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2018 DEC 28 PM 2:19
 TALLAHASSEE, FL 32310
 OFFICE OF THE
 CLERK OF THE CIRCUIT COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

To be clear, we are changing the titles for David Leavitt and Andrew Hoopper and we are removing Jonathan Sullivan from the record.

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

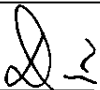
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 22, 2015



Signature of a member or authorized representative of a member

David Leavitt

Typed or printed name of signee