L16000044919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

JAN 09 2020

C McNAIR

COVER LETTER

Registration Section
Division of Corporations

JECT: FITELECOM LLC
Name of Limited Liability Company

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC -2 AM 9:51

enclosed Articles of Amendment and fee(s) are submitted for filing.

se return all correspondence concerning this matter to the following:

Luca Casagrande
Name of Person

FITELECOM LLC
Firm/Company

1680 MICHIGAN AVE 910
Address

Miami Beach 33139 FL
City/State and Zip Code

luca@fi-telecom.com
E-mail address: (to be used for future annual report notification)

rther information concerning this matter, please call:

Casagrande at (+1) 3055887003
Name of Person — Area Code — Daytime Telephone Number

ed is a check for the following amount:

5.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FITELECOM LLC

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

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Articles of Organization for this Limited Liability Company were filed on 03/03/2016 and assigned
da document number L16000044919.

amendment is submitted to amend the following:

f amending name, enter the new name of the limited liability company here:

_____

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

r new principal offices address, if applicable: _____

cipal office address MUST BE A STREET ADDRESS) _____

_____

new mailing address, if applicable: _____

ing address MAY BE A POST OFFICE BOX) _____

_____

amending the registered agent and/or registered office address on our records, enter the name of the new registered 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*

gistered Agent's Signature, if changing Registered Agent:

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is iled to merely reflect a change in the registered office address, I hereby confirm that the limited liability y has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager
BR = Authorized Member

	Name	Address	Type of Action
	CAROLINA MARTINS	1680 MICHIGAN AVE 910, MIAMI BEACH FL 33139	☑ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

:ctive date, if other than the date of filing: _____ (optional)

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

ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ıe 90th day after the record is filed.

d NOVEMBER 25 . 2019 .

Signature of a member or authorized representative of a member

Luca Casagrande

Typed or printed name of signee