

L16 000044919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

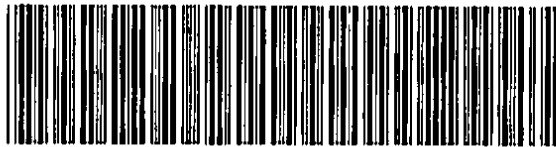
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FILED
JAN 7 2020
DIVISION OF CORPORATION
19 DEC -2 AM 9:51

JAN 09 2020
C McNAIR

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: FITELECOM LLC

Name of Limited Liability Company

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

Please 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)

For further information concerning this matter, please call:

Luca Casagrande

+1

3055887003

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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

19 DEC -2 AM 9:51
DIVISION OF CORPORATIONS
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)

19 DEC -2
DIVISION OF STATE
CORPORATION
AM 9:31

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

amendment is submitted to amend the following:

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

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

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

**If 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

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
understand 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

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CAROLINA MARTINS	1680 MICHIGAN AVE 910, MIAMI BEACH FL 33139	☒ Add
		☐ Remove
		☐ Change
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		☐ Change

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g: 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.

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

NOVEMBER 25 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Luca Casagrande

Typed or printed name of signee