

CIL 0000 46449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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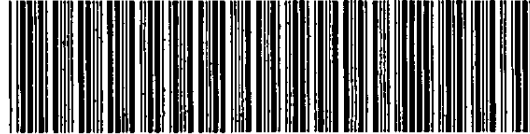
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

DOMINGO ABINADER
1901 S JOHN YOUNG PKWY SUITE 103
KISSIMMEE, FL 34741

SUBJECT: MCI COMUNICATIONS LLC
Ref. Number: L16000046449

We have received your document for MCI COMUNICATIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 716A00011826

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MCI COMMUNICATIONS LLC

DOCUMENT NUMBER: L16000046449

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Domingo Abinader

Name of Contact Person

AB Multi Services and Income Taxes

Firm/ Company

1901 S John Young parkway Suite 103

Address

Kissimmee, FL 34741

City/ State and Zip Code

abmultiservices1@yahoo.com

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

For further information concerning this matter, please call:

Domingo Abinader

at (407) 601-6524

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCI 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 03/05/2016 and assigned
Florida document number L16000046449.

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:

Aragones-Torres, Ismael

New Registered Office Address:

300 Sunset Blvd

Enter Florida street address

Kissimmee

City

Florida 34741

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.


Ismael Aragones-Torres

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	Aragones-Torres, Ismael	300 Sunset Blvd	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCOS INSTALLATIONS, INC	2929 ACADEMY CIR E APT 306	<input type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TAPS & RING COMMUNICATC	PO BOX 450445	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THALAX NETWORKS, INC	2356 MONACO COVE CIR	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<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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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.

(b) The 90th day after the record is filed.

Dated July 26, 2016

Signature of _____

Signature of a member or authorized representative of a member

Ismael Torres-Aragones

Typed or printed name of signee