470000 82829

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT II MAIL
(Business	Entity Name)
(Document	t Number)
Certified Copies C	Certificates of Status
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DIVISION OF COMBUSE 122

COVER LETTER

	Registration Sec Division of Corp				
c	TELBE INT	ERNATIONAL LLC			
SUBJEC	Т:	Name of	Limited Liability Company		
The enclo	sed Articles of A	Amendment and fee(s) are	submitted for filing.		
Please ret	urn all correspor	ndence concerning this ma	tter to the following:		
		DIANE NOBILE			
			Name of Person		
		NOBILE LAW FIRM,			
			Firm/Company		
		201 S. BISCAYNE BL	LVD., SUITE 2650		
			Address		
		MIAMI, FLORIDA 33			
		 	City/State and Zip Code W. COM	e	
			ss: (to be used for future annua	al report notificat	ion)
For furthe	er information co	ncerning this matter, pleas	se call:		
DIANE	NOBILE		305 5	577-8911	
	Name of	Person	at () Area Code	Daytime Te	lephone Number
Enclosed	is a check for the	e following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee S Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisios P.O. Bo	NG ADDRESS: ation Section t of Corporations x 6327 ssee, FL 32314	Registr Divisio Clifton 2661 E	ET/COURIER ation Section on of Corporatio Building xecutive Center assec, FL 32301	ons r Circle

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

TELBE INTERNATIONAL LEC		
(Name of the Himited Liability (A Florida l	Company as it now appears on our records limited Liability Company)	<u>.)</u>
	impany were filed on 04/13/2017	and assigned
Florida document number L17000082829	_•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	ESS)	THE LAND OF THE PARTY OF THE PA
		35 55
		20-1
		الم الله الله
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		, <i>r</i>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
\	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered	•	ogr som
Sea Registered Agent's Signature, it changing inconstruct	ARCHU.	

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>	Name	Address Type of Acti	
MGR	Cleber Rodrigues Dos Santos	1870 NW 21 Street	Add
		Pompano Beach, Florida 33069	■ Remove
			Change
MGR	Alexander Ralph Niewerth	1870 NW 21 Street	■ Add
		Pompano Beach, Florida 33069	Remove
			Change
			Add
			Remove
			DKISK SE T
			SENGE SERVE TO REPERVE
			Remove
			□ Add
			□ Remove
			□ Change
	<u> </u>		□ Add
			Remove
			☐ Change

	11	
If a manding any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
n amending any other infor	mation, enter change(s) here. (Anach additional sneets, if necessary.)	
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	DIVISON C. CHELLY	- C'-
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Effective date, if other than	the date of filing: (optional)	
f an effective date is listed, the date Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 is block does not meet the applicable statutory filing requirements, this date will not be like Department of State's records.	05.0207 (3 sted as th
ne record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the ear record is filed.	lier of:
September 5 Dated	2017	
,		
	Signature of a member of authorized representative of a member	
Diane Nobile, Esq.		
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	