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COVER LETTER

Division of Cor	porations			
	E CALL-CENTER, LLC			
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	REINALDO CABRIALES	3		
	TELECARE CALL-CENT	Name of Person ER, LLC		
	1250 EAST 41H AVENUE	Firm/Company		18
	HIALEAH, FL 33010	Address		CALESTER TONDS
	telecarecallcenter@gmail.co	City/State and Zip Code om to be used for future annual report notif		M 9: 32
For further information e	oncerning this matter, please ca	•	neation)	3.4
ZULEYMA FORD		786 339-7221		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number L17000133913	Liability Company were filed on $\frac{0}{2}$	6/20/2017 and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name	of the limited liability company b	<u>oere</u> :
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 appli	cable:	16. 18
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	S: 50
B. If amending the registered agent and registered agent and/or the new registered of	•	n our records, enter the name of the ne
Name of New Registered Agent:	ZULEYMA FORD	
New Registered Office Address:	1250 E 4th AVE	
New Registron Other Runius.	Enter Fl	orida street address
	HIALEAH	, Florida 33010
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TELECARE CALL-CENTER, LLC

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>	<u>Name</u>	<u>Address</u>	Type of Action
AHBR	ZULEYMA FORD	2610 W 64th STREET HIALEAH, FL 33016	
		 	Remove
			□ Change
			Remove
			— Change
			Add TO Remove
			Change
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			□ Remove
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ective date, if other than the date of filing: NOVEMBER 7th, 2018	_ (optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirements	days after filing.) Pursuant to 605.020
nument's effective date on the Department of State's records.	this, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 1	.2:01 a.m. on the earlier o
he 90th day after the record is filed.	
NOVEMBER 61	
NOVEMBER 5th, 2018	
$W \rightarrow Q + 1$	
Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00