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| (Re | questor's Name) | |
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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MA (Business Entity Name) (Document Number) Certified Copies Certificates of Status |) | |
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Office Use Only



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OIVISION OF CORPORATION

N COOPER JUN 1 2 2018

COVER LETTER

| | tration Se on of Cor | ction porations | | |
|------------------|-------------------------|---|---|--|
| T SUBJECT: | ELCOTE | L, LLC | | |
| | | Name of Lim | ited Liability Company | |
| The enclosed A | anicles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return al | Leorrespo | ndence concerning this matter | to the following: | |
| | | Raquel A. Castillo | | |
| | | | Name of Person | |
| | | Raquel A. Castillo Law O | ffices | |
| | | | Firm Company | |
| | | 5001 Collins Avenue, Suit | e 5C | |
| | | | Address | |
| | | Miami Beach, FL 33140 | | |
| | | | City State and Zip Code | |
| | | raqueleastillo@eastillomina | daw.com to be used for future annual report notiti | cation) |
| For further info | rmation co | oncerning this matter, please ca | · | |
| Raquel A. Cast | tillo, Esq. | | 305 213-9208 | |
| | Name of | Person | at ()Daytime | Lelephone Number |
| Enclosed is a cl | neck for th | e following amount: | | |
| ■ \$25.00 Filii | ng 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 cadditional copy is enclosed: |

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 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

| TELCOTEL, LLC | | |
|--|---|------------------------|
| (<u>Name of the Limited Liability Compa</u> (V Florida Limited l | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company forida document number $\frac{L18000094234}{L}$. | were filed on 04/16/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "I imited I tabi | lity Company," the designation "LLC" or the | abbreviation "L.f. C." |
| Inter new principal offices address, if applicable: | Calle 1 220 Calle G2 | 18 J |
| Principal office address MUST BE A STREET ADDRESS) | San Isidro del Inca | CX CX |
| | Quito, Ecuador 170149 | 6 CA |
| | | |
| nter new mailing address, if applicable: | Calle I 220 Calle G2 | 8. R |
| Mailing address MAY BE A POST OFFICE BON) | San Isidro del Inca | |
| | Quito, Ecuador 170149 | |
| If amending the registered agent and/or registered of egistered agent and/or the new registered office address her | - | r the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florida _ | |
| | Cin | 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
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| | | | | , but not ar | effective to | me, at 12:0 | 1 a.m. on th | e ear | lier |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier | • | | 5 med. | | | | | | |
| The 90th day after the record is filed. | Tune | 32 | 7 | 018 | | | | | |
| The 90th day after the record is filed. | | | · _ | | > | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00