

LIB000234658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

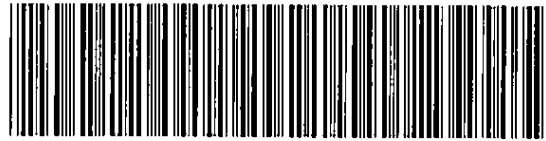
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2019 MAY -8 A 7:28
TALLAHASSEE, FLORIDA

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19 MAY -8 PM 2:46
TALLAHASSEE, FLORIDA
CORPORATIONS
DIVISION

D SCOTT

MAY 8 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NORCOM SOUTH, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

GABRIEL W. FALBO, JR

Name of Person

NORCOM SOUTH, LLC

Firm/Company

14502 NORTH DALE MABRY HWY.

Address

TAMPA, FL 33618

City/State and Zip Code

GFALBO1@TAMPABAY.FL.COM

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

For further information concerning this matter, please call:

GABRIEL W FALBO, JR

813 334-7398

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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/COURIER ADDRESS:

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

2019 MAY -07 A 7:30

FILED

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

NORCOM SOUTH, 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 10/03/2018 and assigned
Florida document number L18000234558.

This amendment is submitted to amend the following:

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

CORTEL TECHNOLOGIES, LLC

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:

New Registered Office Address:

Enter Florida street address

City _____ **Florida** _____ *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, 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>
AMBR	Joseph Denise		<input type="checkbox"/> Add
		14502 North Dale Mabry Hwy Ste 200, Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clinton G. Fehr		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		104 Eastpark Dr., Ste 250 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change
MGR	Nicholas S. Akins		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2000 Richard Jones Rd., Ste 260 Nashville, TN 37215	<input checked="" type="checkbox"/> Change
MGR	Gabriel W. Falbo, Jr.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		14502 North Dale Mabry Hwy, Ste 200, Tampa, FL 33618	<input checked="" 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

[illegible]

2017-10-27 14:30:00

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.

Dated

May 7

2019

Signature of a member or authorized representative of a member

Gabriel W. Falbo, Jr.

Typed or printed name of signee