

L18000266324

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PETER MATHESON LLC  
Account Number : 120210030152  
Phone : (105)526-9343  
Fax Number : (786)705-2040

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NETWORKING AND COMMUNICATIONS LLC

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FLORIDA  
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STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NETWORKING AND COMMUNICATIONS 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:

FERNANDO VILLARREAL

Name of Person

PETER MATHISON LLC

Firm/Company

800 SE 4TH AVE STE 139

Address

HALLANDALE BEACH

City/State and Zip Code

INFO@TUCONTADORENMIAMI.COM

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

For further information concerning this matter, please call:

FERNANDO VILLARREAL

305

520-9343

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NETWORKING AND 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 11/14/2018 and assigned  
Florida document number L18000266324.

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 "LLC."

Enter new principal offices address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

800 SE 4TH AVENUE, SUITE 139

HALLANDALE BEACH, FL, 33009

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

800 SE 4TH AVENUE, SUITE 139

HALLANDALE BEACH, FL, 33009

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:

TU CONTADOR EN MIAMI LLC

New Registered Office Address:

1946 TYLER STREET

*Enter Florida street address*

HOLLYWOOD

Florida

33009

*City*

*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>
MGRM	SALAZAR, JOHN F	800 SE 4TH AVE STE 139	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL. 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PISSO SIERRA, AMPARO	800 SE 4TH AVE STE 139	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL. 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the each day of (b). The 00th day after the record is filed.

Dated 28 DE SEPTEMBER 2023

*[Signature]*

Signature of a member or authorized representative of a member

SALAZAR, JOHN F

Typed or printed name of signee

**Filing Fee: \$25.00**