## L180002754Z6

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## **COVER LETTER**

CUDIEC		REAU, LLC		•
SUBJEC	,1:	Name of Lim	ited Liability Company	
Division of Corporations  TELE BUREAU, 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:  ALVARO LARA  Name of Person  TELE BUREAU, LLC  FirmyCompany  1200 BRICKELL BAY DRIVE UNIT 3818  Address  MIAML FL 33131  City/State and Zip Code  ALVARO_LARAMARQUEZ@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ALVARO LARA  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee}  \text{S00.00 Filing Fee} &  \text{Certificate of Status} &  \text{Certificate Of Sy to Sectioned}  \text{Certificate Of Status}   \text{Certificate Of Status}  Certificate Of Sta				
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ALVARO LARA		
			Name of Person	
		TELE BUREAU, LLC		
	Division of Corporations  TELE BUREAU, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and feets) are submitted for filing are return all correspondence concerning this matter to the following:  ALVARO LARA  Name of Person  TELE BUREAU, LLC  Firm/Company  1200 BRICKELL BAY DRIVE UNIT 3818  Address  MIAMI, FL 33131  City/State and Zip Code  ALVARO_LARAMARQUEZ@HOTMAIL_COM  E-mail address: to be used for future annual report notification)  further information concerning this matter, please call:  /ARO LARA  Name of Person  Area Code  Daytine Telephone Number  Division of Corporations  Street Address: Registration Section  Division of Corporations  Street Address: Registration Section  Division of Corporations			
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	fication)
For furth	er information o	concerning this matter, please c	all:	
ALVAR	O LARA			
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration Division of C	Section Corporations	Registration Se Division of Cor	porations
	P.O. Box 631 Tallahassee,			Fallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TELE BUREAU, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company v		and assigned
lorida document number 1.18000275426		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
EA 4 ALL, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		5.1
nter new mailing address, if applicable:		19
Mailing address MAY BE A POST OFFICE BOX)		P
Taking dualess MAT BE A LOWN OF THE BOAY		
		<u></u>
i. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, enter the	name of the new regist
en una, or the new registered office address acre.		
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	, Florid:	a
	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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If amending any other informati	ion, enter change(s) here	e: (Attach additional sh	eets, if necessary.)	
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ek does not meet the applic	to date of filing or more than able statutory filing requir	90 days after filing.) Pursuant to	605.0207 () listed as th
he record specifies a delayed effective ord is filed.	date, but not an effective ti	ime, at $12:01$ a.m. on the $\epsilon$	earlier of: (b) The 90th day	after the
Dated JANUARY 13	. 2021			
f huco de	Signature of a member or author	orized representative of a me	mber	_
ALVARO LARA	Francisco maior	ed name of signee		_

Filing Fee: \$25.00