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(((H19000127724 3)))



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To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

: (323)962-8600

: (323)962-3889 Fax Number

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

| Email Addr | ess: | | |
|------------|------|------|------|
| Email Ador | ess: | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZTELECOM LLC

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COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|--|--|--|
| ZTELECO | OM LLC | | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ondence concerning this matter to | o the following: | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | - 101 - 102 |
| | | Firm/Company | |
| | 101 N. Brand Blvd., 11th | Floor | |
| | | Address | |
| | Glendale, CA 91203 | | |
| | acheraime@gmail.com | City/State and Zip Code | - 59 |
| | | be used for future annual report notification) | |
| For further information of | concerning this matter, please cal | H: | |
| Cheyenne Moseley | | 800 773-0888 ext. 9724 | |
| Name o | of Person | at () Area Code Daytinæ Telephon | e Number |
| Enclosed is a check for t | the following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regist Divisio | .ING ADDRESS: ration Section on of Corporations 30x 6327 | STREET/COURIER ADD Registration Section Division of Corporations Chifton Building | RESS: |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa | ny as it now appears on our records,) | |
|--|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number 1.19000066042 | Liability Company) | and assigned |
| This amendment is submitted to amend the following: | | |
| | ility company horse | |
| A. If amending name, enter the new name of the limited liab | inty combany nere. | |
| The new name must be distinguishable and end with the words "Limited Liab | oility Company," the designation "LLC" | or the abbreviation L.C." |
| Enter new principal offices address, if applicable: | 11102 35th Ct. E | 9 |
| (Principal office address MUST BE A STREET ADDRESS) | Parrish, Florida 34219 | 7 n, P |
| | | 8 EXS |
| | | |
| Enter new mailing address, if applicable: | 11102 35th Ct. E | |
| (Mailing address MAY BE A POST OFFICE BOX) | Parrish, Florida 34219 | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our records, re: | enter the name of the new |
| New Registered Office Address: | | |
| | Enter Florida street oaklress | |
| | , Flor | rida |
| and the state of t | Ciny | z.gr Çesa |
| New Registered Agent's Signature, if changing Registered Agent | | ther garge to comply with the |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and provided for in Chapter 605, F. | II am familiar with and S. Or, if this document is |
| If Cha | nging Registered Agent, Signature of | New Registered Agent |
| Page | 1 of 3 | |

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|------------------------|----------------|
| AMBR | Adolphe Cher-Aime | 11102 35th Ct. E | ☑ Add |
| | | Parrish, Florida 34219 | □ Remove |
| AMBR | Emmanuela Cher-Aime | 11102 35th Ct. E | 2 Add |
| | | Parrish, Florida 34219 | Remove |
| AMBR | Loubert Vixamar | 11102 35th Ct. E | 200 Adda |
| | | Parrish, Florida 34219 | AND FILED |
| AMBR | Victor Nordelus | 11102 35th Ct. E | 7 Adds |
| | | Parrish, Florida 34219 | □ Remove |
| AMBR_ | Rose Cornellle | 11102 35th Ct. E | |
| | | Parrish, Florida 34219 | □ Remove |
| AMBR | Jules Nordelus | 11102 35th Ct. E | |
| | | Parrish, Florida 34219 | Remove |
| | | | |

Page 2 of 3

| | Article IV: Please add the following authorized members: San Cherlay Nordelus |
|--------|--|
| | San Kara Nordelus, Samuel Nordelus, Ruthe Corneille, & James Corneille with address |
| | as 11102 35th Ct. E, Parrish. Florida 34219 |
| | Article IV: Please alter address for managers to read as follows: |
| | 11102 35th Ct. E. Parrish. Florida 34219 |
| F.Ofa | |
| (The c | coptional) effective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) |
| (The c | effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) |
| (The c | effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) ed |

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