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(((H19000300805 3)))



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To:				
	Division of Corporations		-	
	Fax Number	:	(850)617-6383	
				•
From:				
	Account Name	;	TEL BUSINESS SOLUTION CORP	
	Account Number	:	120190000092	
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annual report mailings. Enter only one email address please.**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_	(<u>N</u>	me of the Limit	ed Liability Compa (A Florida Limited	iny as it now appe Luability Company	ers on our	ecords.)		
The Articles of	Organization for	this Limited Ļi	ability Company	were filed on	06/13/2019		and as	signed
Florida docume	ent number	0156850	· · ·	•				
This amendmen	nt is submitted to					. ,		
: A. If amendin	g name, <u>enter th</u>	e new name of		ility company	here:			
		·			, :			
The new name mu	st be distinguishable	and contain the w	ords "Limited Liabi	lity Company," the	designation	"LLC" or the a	bbreviation "I	"L.C."
Enter new prin	icipal offices add	ress if annlic	ahle-					
	•				·····		~~~	
угинсира одис	e address MUST	<u>BE A SIKEE</u>	I AUDKESS)	*	•• •		· <u> </u>	
							 	
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Enter new mai	lling address, if a	pplicable:					ف	
(Mailing addre	SS MAY BE A PO	ST OFFICE	BOX)				 	5,11
							<u> </u>	<u> </u>
						,	0	
B. (f amendi	ng the registere	d agent and/	or registered a	ffice address o	on our re	cords, <u>enter</u>	the name	of the nev
registered ager	at and/or the new	registered of	fice address her	<u>e</u> :				
<u>Name</u>	of New Registere	d Agent:						
New F	Registered Office	Address:						
3.1011_3	The state of the s			Enter F	lorida street	address		
						. Florida		
	••			Cisv		_, rioi ida	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

Title	Name	Address	Type of Action
AMBR	RAFAEL LONG RODRIGUEZ	1549 NE 123RD ST	🗖 Add
		NORTH MIAMI, FL 33161	Remove
			Change
AMBR	LAURA C POENTES	1549 NE 123RD ST	D Add
		NORTH MIAMI, FL 33161	Remove
			Change
			20 <u>1</u> 9 OC
		***************************************	LI Remove
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an effective date is listed, the date must be nter If the date inserted in this block of semment's effective date on the Depart	oes not meet the applicable	c statutory filing requireme	rans are many) runnant wood	ed as the
e record specifies a delayed eff The 90th day after the record	ective date, but not a is filed.	in effective time, at 3	12:01 a.m. on the earli	er of:
nted OCTOBER 02TH	, 2019			
Sipr	aftere of a member or authoriz	ed representative of a member	5	
	D LONG RODR			

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