

L19 000180170

Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROCARLI TELECOM LLC

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FLORIDA

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DIVISION OF STATE  
CORPORATIONS, FLORIDA

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**H21000396787 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

ROCARLI TELECOM 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 07/12/2019 and assigned Florida document number L19000180170.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4855 W HILLSBORO BLVD B3

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4855 W HILLSBORO BLVD B3

COCONUT CREEK, FL 33073

**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

Florida

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

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**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	CARDENAS CABELLO, ENRIQUE A	9825 MARINA BLVD	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33428	<input type="checkbox"/> Change
AMBR	LICCIEN, YUVER A	9825 MARINA BLVD	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33428	<input type="checkbox"/> Change
AMBR	RODRIGUEZ GUZMAN, MARCEL A	9825 MARINA BLVD	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33428	<input type="checkbox"/> Change
MGR	CARDENAS CABELLO, ENRIQUE A	4855 W HILLSBORO BLVD	<input checked="" type="checkbox"/> Add
		B3	<input type="checkbox"/> Remove
		COCONUT CREEK, FL 33073	<input 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

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

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 earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 20TH 2021

Signature of a member or authorized representative of a member

YUVER A. LICCIEN

Typed or ~~stamped~~ name of signer

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U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA

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