L19 000 216 212

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only

A. RIVERS
DEC 2 1 2022



200395010592

10/08/22--01010--029 **25.00

2022 001 - 3 PH 3: 54

COVER LETTER

TO:

Tallahassee, FL 32314

| FO: Registration Se Division of Cor | | | , |
|--|--|---|---|
| | τernational, LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | endence concerning this matter | to the following: | |
| | BRYAN SANCHEZ | | |
| | | Name of Person | |
| | TELEC INTERNATIONA | L, LLC | |
| | | Firm/Company | |
| | 302 SW 27TH AVE | | |
| | | Address | |
| | DELRAY BEACH, FL 334 | 445 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report n | otification) |
| For further information c | oncerning this matter, please ca | all: | |
| BRYAN SANCHEZ | | 561 598-1056 at () | |
| Name o | f Person | Area Code Days | ime Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ S25.00 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 Addres Registration 5 | | Street Address: Registration S | Section |
| Division of C | Corporations | Division of C | |
| Registration 5 | Section Corporations | Registration S | orporations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TELEC INTERNATIONAL, LLC | | | | |
|--|--|--|--------------------------|--|
| (<u>Name of the Limi</u> | ted Liability Compa (A Florida Limited) | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited L Florida document number 1.19000216292 | .iability Company | were filed on 8/23/2019 | and assigned | |
| This amendment is submitted to amend the foll | lowing: | | | |
| A. If amending name, enter the new name o | of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or t | he abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 10781 CYPRESS LAKE TERR. | | |
| | | BOCA RATON, FL 33498 | | |
| Enter new mailing address, if applicable: | | 302 SW 27TH AVE | | |
| Mailing address MAY BE A POST OFFICE BOX) | | DELRAY BEACH, FL 33445 | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | _ | address on our records, enter the | name of the new register | |
| Name of New Registered Agent: | BRYAN SANO | CHEZ | | |
| New Registered Office Address: | 302 SW 27TH | AVE Enter Florida street address | | |
| | DELRAY BEA | | 33445 📆 | |

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 kability company has been notified in writing of this change.

City

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> | Type of Action |
|--------------|---------------|-------------------------|----------------|
| MGR | PIERRE DAVILA | 19633 STAR ISLAND DRIVE | |
| | | BOCA RATON, FL 33498 | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| | | | | | |
|---|--|--|--|---|----------------------------|
| | | | | | |
| | | | | | |
| | <u> </u> | | | | |
| | | | | | ··· |
| | | | | | |
| | | | | 15-71 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | - | |
| | | | | | |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | | | | |
| | | | | | |
| | | | | | · |
| | | | | | |
| | | | | | |
| | r than the date of t | filing: 10/1/2022 | | (optiona | 1) |
| Iffective date, if other | | ic and cannot be prior | to date of filing or mor | than 90 days after filin | g.) Pursuant to 605.0207 (|
| Effective date, if othe fan effective date is listed, | the date must be specifi | te and cannot be prior | | | |
| f an effective date is listed, Note: If the date inserte | the date must be specified in this block does: | not meet the applica | able statutory filing i | requirements, this dat | e will not be listed as t |
| f an effective date is listed, | the date must be specified in this block does: | not meet the applica | able statutory filing i | requirements, this dat | e will not be listed as t |
| fan effective date is listed, Note: If the date inserte document's effective da | the date must be specified in this block does to on the Department | not meet the application of State's records. | able statutory filing | requirements, this dat | |
| f an effective date is listed, Note: If the date inserte | the date must be specified in this block does to on the Department | not meet the application of State's records. | able statutory filing | requirements, this dat | |
| f an effective date is listed, Note: If the date inserte document's effective da e record specifies a delay | the date must be specified in this block does to on the Department | not meet the application of State's records. | able statutory filing | requirements, this dat | |
| fan effective date is listed, Note: If the date inserte document's effective da e record specifies a delay rd is filed. | the date must be specified in this block does to on the Department yed effective date, but | not meet the application of State's records. | able statutory filing | requirements, this dat | |
| f an effective date is listed, Note: If the date inserted document's effective da e record specifies a delay rd is filed. | the date must be specified in this block does to on the Department | not meet the application of State's records. It not an effective tile | able statutory filing | requirements, this dat | |
| fan effective date is listed, Note: If the date inserte document's effective da e record specifies a delay rd is filed. | the date must be specified in this block does to on the Department yed effective date, but | not meet the applicate of State's records. It not an effective tile applicate of State's records. | able statutory filing to the s | requirements, this date the carlier of: (b) | The 90th day after the |
| fan effective date is listed, Note: If the date inserte document's effective da e record specifies a delay rd is filed. | the date must be specified in this block does to on the Department yed effective date, but | not meet the applicate of State's records. It not an effective tile applicate of State's records. | able statutory filing to the s | requirements, this dat | The 90th day after the |