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(Re	questor's Name)	_
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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21 JUL 15 PH 1:49

COVER LETTER

TO: Registration Section

Division of Cor	rporations		
	ECOM LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ORLANDO LOPEZ SOT	0	
		Name of Person	
	ACS TELECOM LLC		
		Firm/Company	
	927 SW 23RD RD		
		Address	
	MIAMI FL 33129		
		City/State and Zip Code	
	orlando.lopez@acstele.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please of	all:	
ORLANDO LOPEZ		786 350-0685	
Name o	f Person		: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fce	☐ \$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 Address Registration S Division of C P.O. Box 632 Tallahassee, S	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF 21 JUL 15 PH 1:50

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

were filed on 11/01/2020	and assigned
ility company here:	
lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
927 SW 23RD RD	
MIAMI FL 33129 US	
927 SW 23RD RD	
MIAMI FL 33129 US	
Enter Florida street address	<u> </u>
, Florida	Zip Code
	ility company here: lity Company," the designation "LLC" or the part of the p

New Registered Agent's Signature, if changing Registered Agent:

ACS TELECOM LLC

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:

$\mathbf{MGR} = \mathbf{N}$ $\mathbf{AMBR} = \mathbf{A}$	Nanager Authorized Member	Section 1	
<u>Title</u>	Name	Address 21 JUL 15 PM 1: 50	Type of Action
AMBR	PEREZ, CARLOS A	927 SW 23RD RD	□ Add
		MIAMI FL 33129	□ Remove
			☐ Change
MGR	LOPEZ SOTO, ORLANDO	927 SW 23RD RD	= Add
		MIAMI FL 33129	🗆 Remove
	-		🗀 Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			🗀 Add
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- -	tion, enter change(s) here: (Attac	Section 1
		21 JUL 15 PH 1:50
		01 III 15 PH 1: 50
177.7		
· · · · · · · ·		
ffective date, if other than the	date of filing:	(optional)
an effective date is listed, the date mus	st be specific and cannot be prior to date of	filling or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this bl	ock does not meet the applicable state	utory filing requirements, this date will not be listed as t
ocument's effective date on the D	epartment of State's records.	
	e date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.		
JULY 12TH Dated	2021	
	-Signature of a member or authorized rep	presentative of a member
مبر	-318 nature of anytember of authorized ref	resentative or a member

Typed or printed name of signee