L21000334764

(Re	questor's Name)	
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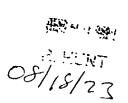


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COVER LETTER

TO: Registration Se Division of Cor		A second	•
	SYSTEMS SOLUTIONS LLC	· ·	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CARIAS RAMIREZ. JAV	TER JOSE	
		Name of Person	
	FELENET SYSTEMS SO	LUTIONS LLC	
		Firm/c ompans	~ ·
	10151 NW 32ND ST		023 A
		Adaress	ZUZ3 AUG 18
	SUNRISE, FL 33351		80 C80
	mazak@bellsoutn.ne:	City/State and Zip Code	DIVISION OF CORPORATION ZU23 AUG 18 PH 12: 40
	E-mail address: (to be used for future annual report notification	<u>m</u> • • • • • • • • • • • • • • • • • • •
For further information c	oncerning this matter, please c	ali:	
MARCEL ZAKKA		305 793-1190 at (
Name o	f Person		ephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	El \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Section	1
Division of C		Division of Corpora	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TELENET SYSTEMS SOLUTIONS 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 $\frac{07/22/2024}{2}$ and assigned Florida document number 1.21000334764 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

Enter Ftorida street address

. Florida _

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>	Address	Type of Action
MGR	JESUS MANUEL ROJAS	10151 NW 32ND STSUNRISE, FL 33351	≘ Add
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ective date, if other than the c	uto of filing	tantio	nnal)
reffective date is listed, the date must	se specific and cannot be prior to date	of filing or more than 90 days after:	filing.) Pursuant to 605.020
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ecord specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
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JULY 13 ted		•	
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