

L2400015418
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : CKO CONSULTING AND TAX SERVICES LLC
Account Number : 120220000100
Phone : (321)366-0510
Fax Number : (321)366-0511

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MTF UNDERGROUND CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON
OCT 24 2024

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section
Division of Corporations

SUBJECT: MTF UNDERGROUND CONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTIANE OLIVEIRA SILVA

Name of Person

CKO CONSULTING AND TAX SERVICES LLC

Firm/Company

7065 WESTPOINTE BLVD STE 303

Address

ORLANDO - FL - 32835

City/State and Zip Code

CEO@CKOACCOUNTINGSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA SILVA

321 366 0510
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MTF UNDERGROUND CONSTRUCTION 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 03/06/2024 and assigned
Florida document number L24000115418.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TELECOM FIBER SOLUTIONS LLC

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)

9659 LOST CREEK DR

WINTER GARDEN - FL - 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9659 LOST CREEK DR

WINTER GARDEN - FL - 34787

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:

CKO CONSULTING AND TAX SERVICES LLC

New Registered Office Address:

7065 WESTPOINTE BLVD STE 303

Enter Florida street address

ORLANDO

Florida 32835

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

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	Wagner Fernando Rodrigues	9659 LOST CREEK DR	<input checked="" type="checkbox"/> Add
		WINTER GARDEN - FL - 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Joe Cavazos	1405 NW 7 AVE APT 1418	<input checked="" type="checkbox"/> Add
		MIAMI - FL - 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pedro Anisio F Amaral Junior	13466 ZORI LN	<input type="checkbox"/> Add
		WINDERMERE - FL - 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Luiz Claudio A Ferreira	10612 WORDS DR	<input type="checkbox"/> Add
		WINTER GARDEN - FL - 34787	<input type="checkbox"/> Remove
			<input checked="" 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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TA, MIAMI, FL

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

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74-2894-171
ALVIS 30 JUL 1958

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 24th 2024

Pedro Anisio F. Amaral Junior

Signature of a member or authorized representative of a member

Pedro Anisio F. Amador Junior

Typed or printed name of signee

Filing Fee: \$25.00

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