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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO:

Registration Section Division of Corporations

Tale	cos Group	LLC				
SUBJECT:	cor Group Name of Lin	nited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
		to the following:				
	Pené M	Name of Person	as			
					J 33S 517	9A9 A
	Teleur	Group LL	<u></u>		ALL	ж " Э
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		Address			EE,	≖ ထု
	Miami, 1	FL. 33/86 City/State and Zip Code			SECRETARY OF STATE TALLAHASSEE, FL	သ သ
	renerivas e (ama:/ imm				
	E-mail address:	to be used for future annual	report notification)			
or further information con	cerning this matter, please c	all:				
Day' M.	Pinas	740	112 71	1 7 7		
Name of P	icio Rivas Person	at (<u> + 25</u>) Area Code	Daytime Teleph	one Number	_	
			, ,			
Enclosed is a check for the	following amount:					
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &	
Mailing Address:		Street Ad	ldross:			
Registration Se		Registra	ntion Section			
Division of Cor	rporations		of Corporation			
P.O. Box 6327 Tallahassee, FL	32314		ntre of Tallaha: . Monroe Stree			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Telecor Gr	-oup LL	- C		
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	as it now appears on ou bility Company)	ır reçords.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 24 000 224</u>		ere filed on <u>05</u>	/14/2024	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabili	ty company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designati	ion "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)		 . •	SE 202
		<u></u>		CRET V
				TAR AH
Enter new mailing address, if applicable:	-			7 2 0 3
(Mailing address MAY BE A POST OFFICE BO	<u> 2X)</u> .		_ .	
				구골~~
B. If amending the registered agent and/or reg agent and/or the new registered office address		dress on our records	s, enter the name	e of the new registered
Name of New Registered Agent:	René	Mauricio	Rivas	
New Registered Office Address:				
-		Enter Florida stre	et address	
	, Florida			Zip Code
New Registered Agent's Signature, if changing Reg	nictored Aments	City		Zip Code
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	agent and agree and complete pe red agent as pro gistered office ac	erformance of my du ovided for in Chapte	ities, and I am for er 605, F.S. Or,	umiliar with and if this document is
	If Changir	ng Registered Agent, Sig	nature of New Reg	istered 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>	Address	Type of Action
MGR	René Mauricio Rivas		øAdd
		Miami, FL 33186	□Remove
			Change
			□Add
			Remove
			□ Change
			SECOND 2024 NO.
			SECRETERY OF STATE STATE
			
			□Remove
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E. Effective date, if other than the date of filing: (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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 trecord is filed.	the
Dated November 6th 2024. Signature of a member or authorized representative of a member	
René Mauricio Rivas Typed or printed name of signee	

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Filing Fee: \$25.00