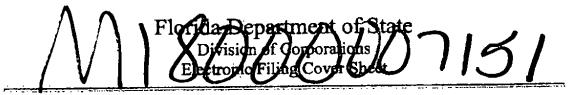
9/5/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax andit number (shown below) on the top and bottom of all pages of the document.

(((H18000259709 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076779003401 Phone : (305)381-8108

Fax Number :

: (305)381-8109

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

Fmail Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TELECOM CX POINTS, LLC

RECEIVED

Certificate of Status	Ō
Certified Copy	0
Page Count	04
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TELECOM CX POINT	S, LLC
Name of Foreign Li	mited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are s	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Alexis Marrero Koratich	
Name of Person	
Geoffrey M. Wayne	
Firm/Company	
135 San Lorenzo Ave., PH 84	0
Address	
Coral Gables, FL 33146	
City/State and Zip Code	
dmata_99@yahoo.com	
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, ple	asc call:
Alexis Marrero Koratich	305 381-8108
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314
Enclosed is a check for the following amount: \$\Boxed{\textbf{S30}} \text{ Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	:
Principal office address	<u> </u>
AUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	- 12 P
<u>Mailing address</u> MAY BE A POST OFFICE BOX)	58
2. The Florida document number of this limited	liability company is: M18000007151
B. Jurisdiction of its organization: Delawar	29/02/2019
4. Date authorized to do business in Florida: 0	18/02/2016
SECTION II (5-9 complete only the applicab	ole changes)
5. New name of the limited liability company:	nust contain "Limited Liability Company, " "L.L.C.," or "LLC.")
("	musi contain District District, Company, ————,
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "L.	oted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name. L.C." or "LLC.")
	stered officer address on our records, enter the name of the new seadcress here:
6. If amending the registered agent and/or regis registered agent and/or the new registered office	stered officer address on our records, enter the name of the new address here:
6. If amending the registered agent and/or regis registered agent and/or the new registered office	æ address here:
6. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	≈ address here:

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	Name	<u>Address</u>	Type of Action		
AMBR	DANIEL E. MATA RABIE	20010 SW 79TH	AVE.		
		CUTTLER BAY, FL	33189 Remo		
AMBR Ever Zalazar	20010 SW 79TH AVE.				
		CUTTLER BAY, FL	33189 Reno		
Manager Ever Zalazar	20010 SW 79TH	AVE.			
	CUTTLER BAY, FL	33189 Remo			
			Add		
		Remo			
		Add			
·			Fam.		

Typed or printed name of signee

Alexis Idalia Marrero Koratich, Authorized Representative

Filing Fee: \$25.00