## L/60000/1584

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Special Instructions to	Filing Officer:	





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K.SALY EXAMINER JAN 27

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: 54:n	gray Cumm Name of Limit	UNICATION SERVICES ted Liability Company	ШС
The enclosed Articles of Amo	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	WARRED L	J. 1Keuitz	
-		Name of Person	
-		Firm/Company	
	2867 Pin	Thee Ave APT	A
-	LARgo A	Address  Class Sand Sip Code  City/State and Zip Code  City/State and Zip Code  City State and Zip Code  City State and Zip Code  City State and Zip Code	
4 -5	Sting 184 Commun E-mail address: (to	Die used for future annual report notifica	ntion)
For further information conce			
Name of Per	έυ τζ son	at ( <u>313</u> ) 308-600 Area Code Daytime T	elephone Number
Enclosed is a check for the fo	Howing 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2016 JAK 25 PM 2: 10 and assigned Florida document number 4/6000011584This 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: Enter Florida street 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

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 Type of Action **Address** Title Name Serry in Clement; 366 CARROllwood PICA AMBR ☐ Add # 3606 \_\_\_\_ Remove TAMPA F1 33624 ☐ Change WARREN A Wilkoute APT ☐ Remove 33771 -ARGU F/ ☐ Change □ Add □ Remove Remove

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Filing Fee: \$25.00