16001584

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SECRETARY OF STATE

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COVER LETTER 4

TO: Registration Division of C	Section Corporations				
Stingray	Communication Servi ces LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	of Amendment and fee(s) are sub	_			
	Warren Wilkewitz				
		Name of Person	·		
	Stingray Communication S	Services LLC			
		Firm/Company			
	2867 Pine Tree AVe Apt A			16 A	SECE
		Address		APR (AHA 사건
	Largo, FL 33771			25	SSE
		City/State and Zip Code		2	
	stingraycommunications@y	ahoo.com to be used for future annual report notific		ተ0 ፡ካ	- SE
For further informatio	n concerning this matter, please ca	·	cation)	Ŧ	
Warren Wilkewtz		313 308-6005 at ()			
Nan	e of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	or 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 Stat Certified Copy (additional copy is en		

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 OF

Stingray Communication Services LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L16000011584	y Company were filed on 01/19/2016 and assigned and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
	Limited Liability Company," the designation "LLC" or the abbreviation L.C.
Enter new principal offices address, if applicable:	Denote N OFF
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH L: OR DE
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new ddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	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>	Name	Address	Type of Action
AMBR	Timothy Kilmartin	19405 Otters Wick Way	
		Land O Lakes FI 34638	Remove
		 	□ Change
		·	
			□ Remove
			□ Change
			SECRETARY OF STALLAHASSEE, FL
			CERT CONTRACTOR CONTRA
			□ Remove
			Change
			
			□ Remove
			☐ Change
			☐ Add
			□ Remove
			☐ Change

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	♣
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory firment's effective date on the Department of State's records.	ling requirements, this date will not be listed
record specifies a delayed effective date, but not an effective ne 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
ed 04/23 2016	
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Typed or printed name of signee

Filing Fee: \$25.00