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ALLAHASSEE FLORIDA

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COVER LETTER

TO		tration Section on of Corpor					
MORNET COMMUNICATIONS LLC							
301	Name of Limited Liability Company						
The	enclosed A	articles of Am	endment and fee(s) are sub	nitted for filing.			
Plea	ase return a	l corresponde	ence concerning this matter t	to the following:			
			Eric K. Allen, Esquire				
				Name of Person			
Law Offices of Eric K. Allen PA							
				Firm/Company			
			620 Robin Road				
Lakeland FL 33813							
	City/State and Zip Code						
		<u> </u>	allenlawfirm@tampabay.rr.o				
			E-mail address: (t	o be used for future annual report no	tification)		
For	further info	rmation conc	erning this matter, please ca	II:			
		Name of Pe	rson	at ()	me Telephone Number		
Enc	losed is a c	heck for the f	ollowing amount:				
	\$25.00 Fili	ng 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 OF

MORNET COMMUNICATIONS LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 7, 2016	and assigned
Florida document number L16000047938		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	728 North Scenic Highway	
(Principal office address MUST BE A STREET ADDRESS)	Lake Wales, FL 33853	
Enter new mailing address, if applicable:	728 North Scenic Highway	ACCRE ACCRE
(Mailing address MAY BE A POST OFFICE BOX)	Lake Wales, FL 33853	
B. If amending the registered agent and/or registered of	ffice address on our records, e	nter the name of the nev
registered agent and/or the new registered office address her		10 J
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	·
	City	Zin 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

Title	<u>Name</u>	Address	Type of Action
Mgr	Vicki Motis	720 Wildabon Avenue	
		Lake Wales, FL 33853	■ Remove
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			Add
			Remove
			Change
			DAdd
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			CJ Add
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D. ¸If amen	ding any other info	rmation, enter ch	ange(s) bere: (Attac	ch additional sheet	s, if necessary.)	
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			March 7, 2016				
(If an effer <u>Note:</u> I docume	ve date, if other than cive date is listed, the date inserted in the first of the date inserted in the first seffective date on the conditional specifies a deligation of the day after the	e must be specific and is block does not m the Department of Si ayed effective d	cannot be prior to date of seet the applicable stati tate's records.	utory filing requiren	nents, this date v	will not be liste	ed as the
Dated	3-30		2016				
Daleu _		1/10	10				
		Signature of a n	nember or authorized rep	resentative of a memb	per	As -	
	Paul Morris	Pau	1 Corey M	,cr.5		SECRE	
			Typed or printed name (of signee		ASS Y-S	
			Page 3 of 3				
			Filing Fee: \$2	5.00		7: 57 STATE LORIDA	To and