L18000212093

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PIÇK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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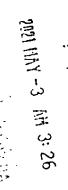


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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	MMUNICATION LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	EMMANUEL GONZALE	Z CANDELARIO	
		Name of Person	
		Firm/Company	
	1840 W 49th ST SUITE 2	23	
		Address	
	HIALEAH, FL 33012		
	YURIBALART@HOTMA	City/State and Zip Code HCOM	
	E-mail address: (to be used for future annual report noti	fication)
For further information o	concerning this matter, please co	all:	
EMMANUEL GONZA	LEZ CANDELARIO	787 372-6000	
Name c	of Person	at () Area Code ——Daytim	c Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Cor	ction
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

4NET COMMUNICATION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/06/2018}{1}$ and assigned Florida document number _L18000212093 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMSG LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			287 Add
			Remove
			Remove All Change
			AH (Change)
			□Remove
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			□Remove
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			□Remove
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ffective date, if other than than effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be prioblock does not meet the appli	r to date of filing or more cable statutory filing r	than 90 days after fili	ng.) Pursu	
record specifies a delayed effect is filed.	ive date, but not an effective I	time, at 12:01 a.m. on	the earlier of: (b)	The 90th	day after the
APRIL 29	2021				
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Filing Fee: \$25.00