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| (F                                    | Requestor's Name)       |
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| (F                                    | Address)                |
| (0                                    | City/State/Zip/Phone #) |
| PICK-UP                               | WAIT MAIL               |
| (E                                    | Business Entity Name)   |
| (C                                    | Document Number)        |
| Certified Copies                      | Certificates of Status  |
| Special Instructions to               | o Filing Officer:       |
|                                       |                         |
|                                       |                         |
|                                       |                         |

Office Use Only

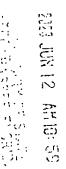
A. RIVET

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## **COVER LETTER**

TO:

| TO: Registration So<br>Division of Cor        |  |   |   |
|---|--|---|---|
|   | J WIRING   | COMMUNICATIONS L.L.C  |   |
| SUBJECT:                                      | Name of Lim  | ited Liability Company  |   |
| The enclosed Articles of                      | Amendment and fee(s) are sub                         | omitted for filing.   |   |
| Please return all correspo                    | ondence concerning this matter                       | to the following:   |   |
|   |  | YAMILT MAYORGA  |   |
|   |  | Name of Person  |   |
|   | JC NET   | WORK COMMUNICATIONS L.  | L.C   |
|   |  | Firm/Company  | <u></u>   |
|   |  | 11042 SW 246 ST   |   |
|   |  | Address   | <del></del>   |
|   |  | HOMESTEAD, FL 33032   |   |
|   |  | City/State and Zip Code   |   |
|   |  | augusto7511@gmail.com   |   |
| For further information e                     | E-mail address: (<br>onecrning this matter, please c | to be used for future annual report not<br>all:                           | ification)  |
| YAMILT  | MAYORGA  | 786 973-26  |   |
| Name o  | f Person   | Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for the                   | ne following amount:                                 |   |   |
| ☐ \$25.00 Filing Fee                          | □ \$30.00 Filing Fee &<br>Certificate of Status      | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address                               |  | Street Address:   | ection  |
| Registration Section Division of Corporations |  | Registration Se<br>Division of Co   |   |
| P.O. Box 632                                  | 7  | The Centre of   | Γallahassee   |
| Tallahassee, FL 32314                         |  | 2415 N. Monro   | pe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J WIRING COMMUN  |   |                            |                        |
|--|---|----------------------------|------------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited L  | iy as it now appears<br>lability Company) | on our records.)           |                        |
| The Articles of Organization for this Limited Liability Company village of Company villag | were filed on                             | JUNE 13, 2022              | and assigned           |
| This amendment is submitted to amend the following:  |   |                            |                        |
| A. If amending name, enter the new name of the limited liabil  | lity company her                          | <u>re</u> :                |                        |
| JC NETWORK COMMUNICATIONS L.L.C  |   |                            |                        |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the de                       | signation "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 acagent and/or the new registered office address here:   | ddress on our red                         | cords, <u>enter the na</u> | me of the new register |
| Name of New Registered Agent:  |   |                            | 2023                   |
|  |   |                            | San Car                |
| New Registered Office Address:   | Enter Floria                              | da street address          | 100 P                  |
|  | City                                      | , Florida _                | Zip Göde 😂             |
| New Registered Agent's Signature, if changing Registered Agent:  |   |                            | 1983 ES                |
| l hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p   |   |                            |                        |

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> | <u>Name</u>   | Address             | Type of Action |
|--------------|---------------|---------------------|----------------|
| MGR          | JESSIKA REYES | 11042 SW 246 ST     | □Add           |
|              |               | HOMESTEAD, FL 33032 | ■Remove        |
|              |               |                     | ☐ Change       |
|              |               |                     | □Add           |
|              |               |                     | Remove         |
|              |               |                     | □Change        |
|              |               |                     | □Add           |
|              |               |                     | □Remove        |
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| Transcituting any oth                   | er information, enter change(s) here: (Attach additional sheets, if necessary.)                             |
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| Note: If the date inser                 | er than the date of filing:   |
| e record specifies a del<br>d is filed. | ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                                   | JUNE 07 2023  |
|   | - sk  |
|   |   |
|   | Signature of a member of authorized representative of a member  |
|   | YAMILT MAYORGA  |
|   | Typed or printed name of signee   |

Filing Fee: \$25.00