

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
(Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  (Document Number)  Pertified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Cor	porations		
COMSTAR SUBJECT:	NETWORK, LLC		
Name of Limited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	JAMES J O'HEARN		
		Name of Person	
	JAMES O'HEARN ACCO	UNTING & ASSOCIATES, INC	
Firm/Company			
	1991 SOUTH KANNER H	IIGHWAY	
		Address	
	STUART, FLORIDA 3499	7	
		City/State and Zip Code	
	OHEARNTAX@GMAIL.N		
	E-mail address: (t	o be used for future annual report notification	ation)
For further information co	oncerning this matter, please ca	11:	
JAMES J O'HEARN		772 266-4712 at ()	
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	e 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 ADDRESS:

TO:

**Registration Section** 

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

COMSTAR NETWORK, LLC		
( <u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records. Iorida Limited Liability Company)	)
The Articles of Organization for this Limited Liabili	ity Company were filed on 01/20/2006	and assigned
Florida document number L06000007193	·	
This amendment is submitted to amend the followin	g;	
A. If amending name, <u>enter the new name of the</u>	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 AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	<b>5</b>
		29
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records,	enter the name of the new
registered agent and/or the new registered office	audress nere.	i i
Name of New Registered Agent:		72 <b>53</b>
Haile of New Registered Agent.		<del></del>
New Registered Office Address:	Enter Florida street address	
	Erner Frontia Street adaress	
_	, Flor	ida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAWLOW, ZENIE	1820 NE JENSEN BEACH BLVD	
		SUITE 564	■ Remove
		JENSEN BEACH, FL 34957	☐ Change
MGR	HORNE, DEBORAH	1820 NE JENSEN BEACH BLVD	—————————————————————————————————————
		SUITE 564	□ Remove
		JENSEN BEACH, FL 34957	
		<u> </u>	□ Add
			□ Remove
			Change
<u> </u>			7.0 <b>A.C.</b> 1.7.1
			Remove P
			RECORDED SS
		<del></del>	Add
			□ Remove
			Change

Iffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.024 lote:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The 90th day after the record is filed.				
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ffective date, if other than the date of filing:    10/26/2015   (optional)	-		CO-2	<del>6</del>
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Filing Fee: \$25.00