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S. WARREN JUL 21 2017

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Jenez R Name of Lim	OOFIA (- LL ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person E RWING LL Firm/Company	
		Inclustricil C	
	E-mail address: (Ay CH, FL 327 Dity/State and Zip Code Z D Ed 3 en e 2 to be used for future annual report notifi	aluninum, con
For further information e	oncerning this matter, please ca	all:	
I JACAC	SCAC Z f Person	at (386) SUL Area Code Daytime	-1-8165 Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ : -	2 Routing, LLC
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company) 1 / 20 /
The Articles of Organization for this Limited Liability C	Company were filed on QCO 6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	nix
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	nia
New Registered Office Address:	Emer Florida street address
	, Florida
	City Zip Code
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and igent as provided for in Chapter 605, F.S. Or, if this document is ed office address. Thereby confirm that the limited limiting
	If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	Ericka Jenez	PO BOX 7-1057-1	Add
		Orance City Fi	CHKemove
		3277-1 	Change
4mBR		_720 Voludia Ave.	Add
	Sene z	ORAnce CITY FL	Remove
		32763	Change
			☐ Remove
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ri amending any other -	information, enter cha	inge(s) nere: 42macn ac	шинопас sneets, у нес	vessaiy.)	
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fan effective date is listed, l <mark>Sote:</mark> If the date inserte	than the date of filing: he date must be specific and e d in this block does not me e on the Department of Sta	cannot be prior to date of film cet the applicable statutory	g or more than 90 days aft		
	delayed effective da the record is filed.	ate, but not an effect	ive time, at 12:01	a.m. on the e	arlier o
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	Signature of a me	ember or authorized represer	ntative of a member		_
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		Page 3 of 3		9. 0. 17. 18.	
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Filing Fee: \$25.00