LOL0000 81120

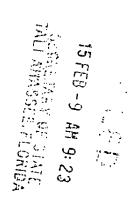
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
P!CK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400267449004

02/09/15--01027--018 **25.00



JELLING FEB 16 2016

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations	·			
	Channel	Comp, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Caanan Ames				
			Name of Person			
		Channel Comp, LLC	,			
	Firm/Company					
1901 5th Ave South						
			Address			
		Saint Petersburg, FI	_ 33712			
			City/State and Zip Code			
		cames@channelcom	•			
F 6 3 1		·	to be used for future annual report noti	lication)		
		oncerning this matter, please co	all:			
Caanan A			727 345-3144 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Channel Comp, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L06000088820		and assigned		
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 end with the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1901 5th Ave South			
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, FL 33712			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1901 5th Ave South Saint Petersburg, FL33712			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	15 FEB -9 /		
	Enter Florida street address , Florida	# 9: 2 FLOW		
	City	🗇 ¿Zip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Remove
			G B
			Add
			TEB - 9 AM
			Add S
			□ Add
			Remove

r it amending any other information	i, enter change(s) nere: (Attach aaatt	ionai sneeis, ij necessary.)
Amend Section 10.1		
Amend Section 10.3		
·		
Effective date, if other than the date. The effective date must be specific, cannot be the date this document is filed by the Florida.	e prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
Dated February 6th	2015	
// 0		
C. Jam	3	
Caanan Ames	nature of a member or authorized representative	e of a member

Page 3 of 3

Filing Fee: \$25.00

SECTION OF SECTION