L08000093603

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

RAY COMMUNICATIONS SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

P. HUTCHISON BROCK, II

Name of Person

BROCK LAW, LLC

Firm/Company

2145 CYPRESS RIDGE BLVD., SUITE 202

Address

WESLEY CHAPEL FL 33544

City/State and Zip Code

hbrock@brock-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. HUTCHISON BROCK, II

_.,813,**333-7267**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED

2013 HAR 14 AM 11: 59

SEUNETAKT OF STATE TALLAHASSEE, FLORIDA

RAY COMMUNICATIONS SERVICES, 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 Lia Florida document number <u>L08000093603</u>	ibility Company v	vere filed on OCTOBEF	R 2, 2008 and assigned	!
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
ADVANCED TELECOM SIGNAL BOO	STERS, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the d	esignation "LLC" or the abbrev	/iation
Enter new principal offices address, if applicable:		15000 CITRUS DRIVE		
(Principal office address MUST BE A STREET ADDR		SUITE 331		
	_	DADE CITY, FLORII	DA 33523	
Enter new mailing address, if applicable:		15000 CITRUS DRI	VE	
(Mailing address MAY BE A POST OFFICE B	(OX)	SUITE 331	-thrhrh	
		DADE CITY, FLORI	DA 33523	
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:			rds, enter the name of the	<u>:_new</u>
New Registered Office Address:	2145 Cypress Ridge Blvd., Suite 202			
	Enter Florida street address			
	Wesley Cha	pel	Florida 33544 Zip Code	
	-	City	Zip Code	
New Registered Agent's Signature, if changing Real Property of the Appointment as registered	-	e to act in this capacity.	I further agree to comply w	ith
the provisions of all statutes relative to the pr	•			

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Calecia A. Ray	15000 Citrus Drive	Add
		Suite 331	Remove
		Dade City, FL 33525	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Kemove

amending any other infor	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
March 13	2013
'	·
	Signature of a member or authorized representative of a member
SHANNON N	M. ŘAY
	Typed or printed name of signee

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Filing Fee: \$25.00

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