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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SENIOR CENTER COMMUNICATIONS LL 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:
DAVID /VASER Name of Person
Senior Center Communications LLC Firm/Company
511 Bayshove Drive, STE 408
Ft. Lauderdale FL 33304 City/State and Zip Code
randyngser@seniovcentercommunications, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAUID MAS Cre at (954) 644-9651 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certified Copy (cadditional 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

SENIOR CENTER COV (Name of the Limited Liability Company as It no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	
Florida document number L08000101202	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
SENIOR CENTER COMMITTEE Name with the new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation".	JNICATIONS, LLC
	ny, the designation like of the approvation like.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 addregistered agent and/or the new registered office address here: Name of New Registered Agent:	SECRE APR
New Registered Office Address:	Enter Florida street address
City	Florida street address , Florida
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:				
MGR = M AMBR = A	Anager Authorized Member			
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			☐ Add	
			☐ Remove	
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Filing Fee: \$25.00