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K.SALY EXAMINER JAN 27

## ROBERT G. HARRIS, P.A.

THE PLAZA - SUITE 801 5355 TOWN CENTER ROAD BOCA RATON, FLORIDA 33486 TELEPHONE: (561) 391-4900

E-MAIL: rharris571@aol.com

FACSMILE: (561) 368-9274

via Federal Express 8606 5151 8309

January 25, 2016

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

Re: U.S. Bandwith and Technologies Services LLC

Doc. # L11000021521

Dear Division of Corporations:

Enclosed please find the Articles of Amendment to the Articles of Organization and a check for \$30.00.

The new managers are Maxine N. Ofsowitz and Warwick N. Ofsowitz.

The new registered agent is Maxine N. Ofsowitz.

If you have any questions, please let me know.

RÓBERT G. HARRIS

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Enclosures

## **COVER LETTER**

TO:	Registration Se Division of Cor						
OLID FE		WIDTH AND TECHLNOLOG	GIES SERVICES, LLC				
SUBJE	CCT:	Name of Lim	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		ROBERT G. HARRIS					
			Name of Person				
		LAW OFFICES OF ROBE	ERT G. HARRIS, P.A.				
	Firm/Company						
		53555 TOWN CENTER RD. #801  Address  BOCA RATON, FL. 33433					
			City/State and Zip Code				
		rharris571@aol.com					
			to be used for future annual report notifi	cation)			
For fur	ther information co	oncerning this matter, please co	ail:				
Robert	G. Harris		561 391-4900 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
□ \$25	5.00 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

2016 JAN 26 PM 5: 40

	•	)F			12000	PH
us £	ANSE UID TH imited Liability Comp (A Florida Limited	A~A	TECHASI	coles fe	revies AH	Los E. Gal.
(Name of the L	mited Liability Comp (A Florida Limited	Liability	now appears on ( Company)	our records.)		11.601
The Articles of Organization for this Limited Florida document number		/ were fi	iled on <u>C.J.</u>	1,8/2011	and assigned	4
This amendment is submitted to amend the I	ollowing:					
A. If amending name, enter the new nam	e of the limited liab	oility co	mpany here:			
The new name must be distinguishable and contain the	ne words "Limited Liab	lity Com	pany," the designa	tion "LLC" or the	abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if app	licable:	<u> </u>	294 K	AHANA	DRIVE	<del></del>
(Principal office address MUST BE A STR	<u>EET ADDRESS)</u>	<u> </u>	<u>cyntor</u>	I Benci	PRIVE 1, FL 3	<u>3</u> 43
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	7. Be	294 h	KAHANA BEACH	Delve FL 33X	
B. If amending the registered agent as registered agent and/or the new registered  Name of New Registered Agent:  New Registered Office Address:	office address her	<u>e</u> :	4 GF 50	WITZ	r the name of th	
			Enter Florida str	eet address		
	- Dipotos	<del>િક્ટ</del> નેલ	:H,	, Florida _	33 × 37	7
New Registered Agent's Signature, if changin	g Registered Agent:	City	•		Ly Core	
I hereby accept the appointment as registe provisions of all statutes relative to the pr accept the obligations of my position as re	ered ageni and agr oper and complete	ee to ac perfori	nance of my d	uties, and I an	familiar with and	7

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

Page 1 of 3

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 = A	uthorized Member		
Title	Name	Address	Type of Action
MGR	* MAXINE N OF SOWITE	- 1294 KAHANA PR. BOYNTON BEACIL, FL 3347	Add
			□ Remove
			Change
mer.	& WARWICK, N OFSOUTZ	BUYNTON BEACH, FC33437	Add
			Remove
			D Change
M OR	Leila N. Know	2939 SE SAN JEROMING PORT St. LUCIE, FL. 3495.	, RO 3_□ Add
		PORT 34. EUCIE, F.E. 3773	Remove
			_ 🗆 Change
			_□ Add
			Remove
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			SSEITH P
			Remove JAN 5 PH 5: HOLL Changes
			_ Change
			Add
			_□ Remove
			☐ Change

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an offec ote: If	e date, if other than the date of filing:  (optional)  ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	207 (3 as th
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.	of:
ated _		
	Like IM KM	
	Signature of a member of a Mem	

Page 3 of 3

Filing Fee: \$25.00