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EXAMINER

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ALLAHASSEP PERSONA

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: Hera			Telecom, LLC		4
		Name of Lim	nited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	Jerrold K. Phillips				
			Name of Person		
Cheeseman & Phillips					
		Firm/Company		T. 2	
701 S. Howard Avenue, Suite 202			2011 DEC 12 SEGREGARY		
	Address				
			Tampa, Fl. 33606		
	City/State and Zip Code				
		jphillip	s@cheesemanphillips.com		
			to be used for future annual report notificat	ion)	
For fur	ther information	concerning this matter, please	call:		
	Jer	rold K. Phillips	at (813) 223-	4007 x 24	
Name of Person		of Person	Area Code & Daytime T	elephone Number	
Englose	ad is a chack for	the following amount:			
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Regist Dívisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	a ADDRESS: ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Herat Tele	com, LLC			_	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	06/22/2011	and	d assigned	
Florida document numberL11000072733					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
GigaNet	·				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation '	'LLC" or		
D.L.C.				2011	
Enter new principal offices address, if applicable:	203 S. Hube	rt Ave.	<u>></u>	 	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL	33609	> ;	<u> </u>	
		<u> </u>	87	<u>∼ [</u>	
Enter new mailing address, if applicable:	203 S. Hube	rt Ave.		雅 智	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL	33609	京湖	ف	
		· -			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the nar	ne of the nev	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u>. </u>		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			I KONIUVE
			S
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			
_			 _
Dated	December 9 20	<u>011</u> .	
	Ma	refulu	
	·	r or authorized representative of a member errold K. Phillips	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00