L110000075162

Office Use Only



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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Co					
suвјест: <u>8a+</u>	COM TULLARO Name of Limi	tion, UC ted Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	Sean	Name of Person		20 FA	
	Satca	om Divect TVC Firm/Company	3	II JUL 20 EGRETARY	7
	1901 High	rway A IA		O RH 2 28 RY OF STATE SEE, FLORIDA	TILED
	Indian Ho	City/State and Zip Code	32937	ATE PRIDA	
	Swinner E-mail address: (1	O Satcomdivecto be used for future annual report notifica	tion)		
For further information	concerning this matter, please c	all:			
Sean W Name	of Person	at (<u>321) 777 -3</u> Area Code & Daytime T	Celephone 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)	Certified C	of Status &)
MAII	LING ADDRESS:	STREET/COURIEF	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jatcom Inter	juation, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now app da Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liability	y Company were filed on _	6128/2011	and assigned
Florida document number L11000075162	·		
This amendment is submitted to amend the following	:		2811 JUL 2 SEGRETAF
A. If amending name, enter the new name of the l	•		£2.5 6 5 1
The new name must be distinguishable and end with the v"L.L.C." Enter new principal offices address, if applicable:	words "Limited Liability Con	npany," the designation "LLC	o he appreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD		•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		n our records, enter the	name 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, <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 **Title** Type of Action Name **Address** JAMES TONGEN MGRM Add Remove MGAM John ZbAN HIGHWAY ALA ☐ Add INDIAN Halborr Black Fl Remove MGKM Curt GRAY Remove Satern Direct , INC. MGAM 1901 HOGHWAY ALA Indran Horbor Beach FC 32937 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated __ Signature of a member of authorized representative of a member JAMES JENSEN Typed or printed name of signee

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Filing Fee: \$25.00