111000136093

(Re	questor's Name)	
(Ad	dress)	
(, ,,,	alcoo,	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	· e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300313292013

05/14/18--01017--015 *+25.00



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT:
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Jason Dennis Name of Person
	Tosalan LLC Firm/Company
	417 S. Military trail
	West Palm Beach Fl, 33415 City/State and Zip Code
	E-mail address: (to be used for fiture annual report notification)
For furt	ner information concerning this matter, please call:
	Name of Person at (SQ) (OSS - LESS) Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
♥ \$25	00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status Scriffied 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

- Communication Line	Josalan Lic
(Name of the Lin	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited	Liability Company were filed on 4.18.18 and assigned
Florida document number LIVCOOL	<u>36093</u>
This amendment is submitted to amend the fo	ollowing:
A. If amending name, enter the new name	of the limited liability company here:
The new name must be distinguishable and contain the	e words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:
(Principal office address MUST BE A STRE	EET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>
B. If amending the registered agent an	d/or registered office address on our records, enter the name of the new
registered agent and/or the new registered	office address nere:
Name of New Registered Agent:	- Anthony Blownt
New Registered Office Address:	4FT S. Militay Trail Enter Florida street achtress
	uest palm Beach, Florida 33415
	Cu) 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 605, 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 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 = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Shawn Bondroff	4175 military trail	
		West palm Beach, F1, 2341	S Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	Anthony Blownt	4175 military trail	y Add
		west palm Beach, Pl, 3341	Remove
			□ Change
		-	🗖 Add
			□ Remove
			50 Change
		ers.	Add Remove
		で ファ タボ	€ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			□ Change

	·					
					 -	
					<u> </u>	
	<u> </u>				<u> </u>	
<u></u>			<u>_</u>		- E	:
					· 第24 Y 14	
					至 至	
					2: 5	5
		<u> </u>	<u> </u>		AP	<u></u>
ective date, if other than the date of t	filing:			(op	tional)	
n effective date is listed, the date must be specified. If the date inserted in this block does returnent's effective date on the Department.	c and cannot not meet the	: applicable s	e of filing or mor tatutory filing i	than 90 days af	er filing.) Pursua	int to 605.03 of be listed
record specifies a delayed effective he 90th day after the record is fil	ve date, b led.	out not an	effective tin	ne, at 12:01	a.m. on the	e earlier
ed may enth	_, 2	218	/			
	-7/		P			
X Signature	of a member	or-authorized	representative of	a member		

Page 3 of 3

Filing Fee: \$25.00