Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000327968 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084 : (407)909-9957 Phone : (407)909-9957 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C21	Address.			

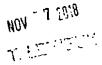
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAIS BROADBAND, LLC

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COVER LETTER

	ik, gistration Sec vision of Corp			•
C1 (15 12°27').	DAIS Broad	•		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return	i all corr e spon	dence concerning this matter t	o the following:	
		Michelle Dadisman		
			Name of Person	annag magagagangkangkangkangkangkangkangkangkan
		Tavistock Financial, LLC		
			Firm/Company	
		9350 Conroy Windermere I	Road	
			Address	********
		Windermere, FL 34786		
			City/State and Zip Code	, <u>, , , , , , , , , , , , , , , , , , </u>
		michelle.dadisman@tavistoo	ck.com o be used for future annual report notific	onion)
r	-formation on	ncerning this matter, please ca		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		meening this matter, prease ca		
Michelle Da		P	407 909-9957 at ()	Telephone Number
	Name of	rerson	Area Code 12/19/IIIC	receptiona (vinanci)
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	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:

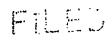
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS: Registration Section

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

3/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



02:14:32 p.m.

DAIS Broadband, LLC		2019 1107 - 6 12 3 8 8 9
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears o	n our records.)
(A Florida Limit The Articles of Organization for this Limited Liability Compa Torida document number L11000144371	iny were filed on Dece	mber 23, 2011 Self Florid A and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here	9
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address b		our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	a street address
		. Florida
		# 1071(13)

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
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	
		Suite 200	
		Orlando, FL 32827	
VP, T	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.	
		Suite 200	
		Orlando, FL 32827	□ Remove
			Change
			□ Remove
			□ Change
			☐ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			D Add
		<u></u>	□ Remove
			Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Ann
	
-	
Note: If the o	te, if other than the date of filing:
(b) The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated <u>Nov</u>	Signature of a member or authorized representative of a member
- _	Suprature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00