12000000979

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	÷#)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
_ Certificates	of Status
Filing Officer:	
	dress) dress) //State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates

Office Use Only



000251002070

08/29/13--01007--021 **25.00

RII AUG 29 PM 3: 57

AUG 3 0 2013 J. BRYAN

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
SUBJECT: HO	Vame of Limit	Atual LC ed Liability Company	MISHUS 29 PH 3: 57
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	<u></u>
	Nye	thelles	
	Hummer	Name of Person Lind Virtual Co	sumunloations, Le
	290 20	MRSSPON WOOD CREE	<u> </u>
	Miramo	City/State and Zip Code	
	E-mell address: (to	be used for future annual report notificati	on)
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (754) 560 75 Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e following amount:		
13-\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Castified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO

,	TC				7
ARTICLE	ES OF OI OI	RGANIZATION	•		
14,	ال الماديا،	1/2-times	11.0	29 9	1
(Name of the Limited Liabil	ility Compan da Limited Li	y as it now appears on dability Company)	ur records.)	MIS NIC 29 PM 3	ري خ
The Articles of Organization for this Limited Liability	y Company	were filed on Mou [7 2018	and assigned	
Florida document number <u>L12000609</u>	79		,	ŕ	
This amendment is submitted to amend the following	g;				
A. If amending name, enter the new name of the li	<u>imited liabi</u>	lity company here:			
HUMMINGBIRD VI	CRTU:	AL COMM	UNICA	TIONS!	Щ
The new name must be distinguishable and end with the v "L.L.C."	words "Limit	ed Liability Company," th	e designation "Ll	LC" or the abbreviat	ion
Enter new principal offices address, if applicable:	_	2920 605	Mission	Wood Profe	L.
(Principal office address MUST BE A STREET AD	•	Merantor FL	33025		_
					_
		21	WF O	ra 1 4- 1	Λ
Enter new mailing address, if applicable:		2930 East	n _	Doord (Pr	ė
(Mailing address MAY BE A POST OFFICE BOX)	<u>L</u>	Mkramer, to	- 33025	,	-
					-
B. If amending the registered agent and/or registered agent and/or the new registered office a			cords, <u>enter t</u> l	he name of the n	<u>ew</u>
Name of New Registered Agent:		1			_
New Registered Office Address:	<u>930 &</u>		Dood (Ive prida street addr	C. ress	_
	MRan	No.C.	, Florida	33025 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 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>	<u>Address</u>	Type of Action Add Remove
			Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Add
			Remove
			Add Remove
			Add Remove
			Remove

D. If an	mending any	y other informatio	on, enter change(s) here: (Attach additional sheet	s, if necessary.)	
1	New	(Employer	Identification Number 8 46	-3113848	
:		v			
•					
					
Dated _	Jul	u 03	2013		
		<i>N</i> 2		· .	
		Noye	ture of a member or authorized representative of a mer	nber	
			Typed or printed name of signee Page 3 of 3		
			-	型船 👼 📆	
			Filing Fee: \$25.00	MIS AUG 29	1
				PH 3: 57	ブ
				986	
			•	7	