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## COVER LETTER

TO: Registration Section Division of Corporations					
Mul Cable LLC					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Michael Williams					
MW Cable, LLC					
3110 Eldon Bld					
Palm Bay SE, FL 32909  City/State and Zip Code  Williams michae 897 & Gmail. com  E-mail address: (10 be used for future annual report notification)					
Williams michae 897 & Gmail. Com E-mail address: (10 be used for future annual reproductification)					
For further information concerning this matter, please call:					
Michael Williams at (321) 795-1521  Name of Person Daytime Telephone Number					
Enclosed is a check for the following amount:					
S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S50.00 Filing Fee, Certified Copy (additional copy is enclosed)					
Mailing Address:  Registration Section  Street Address:  Registration Section					
Division of Corporations  Division of Corporations					

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MW Cable LL (Name of the Limited Liability Compan)	y as it now appears on our records. ability Company)	SECNE DAMY OF STATE TALLAHASSEE, FL		
	alista			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L12000112924</u>	vere filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.E.C."		
Enter new principal offices address, if applicable:	3110 Eldron	n Blud		
(Principal office address MUST BE A STREET ADDRESS)	Italm Bay St	-1 -C 32909		
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BON)				
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter t</u> l	he name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Fiorula street address				
	City . Floa	ida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and covided for in Chapter 605, F	H am familiar with and S. Or, if this document is		

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 = M $AMBR = A$	anager uthorized Member	1	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Add
			□Remove
			□ C'hange
			□Change
			□Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)	
	<del></del>
	HAP TAPES
	NIO PH
	PH 4: 45
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure:  1f the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 record is filed.	Oth day after the
Dated May 26 2022	
Signature of a member or authorized representative of a member	
MICHAEL WILCIAMS Typed or printed name of signee	

efox , '

Filing Fee: \$25.00