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COVER LETTER

то:	Registration Sec Division of Corp	tion orations			
end it		Telecom, LLC			
SUBJE	.ci:	Name	of Limited Liability Company		
The end	closed Articles of A	mendment and fee(s) a	 re submitted for filing. 		
Please	return all correspon	dence concerning this n	 natter to the following: 		
		Jenna Jackson			
		•	Name of Person	•	
		Up to Speed Telecon	LLC		
			Firm/Company	•	
		9457 Delray Dr			
			Address .	•	
		New Port Richey, Fl	34654		
		gym145jen@yahoo.eo	City/State and Zip Code	· .	
		E-mail add	tress: (to be used for future annual report notification)		
For furt	ther information co	ncerning this matter, ple	rase call:		
Jenna J	ackson		727 385-2955	17. f	
	Name of	Person	Area Code Daytime Telephone Number	17 SEP 13 AH II	
Enclose	ed is a check for the	following amount:		AH III	İ
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of State	us Certified Copy Certified (additional copy is enclosed) Certified	te of Status &	Ċ
	Registra Division P.Of Bos	NG ADDRESS: tion Section of Corporations & 6327 see: 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

(Name of the Lim	ted Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited L Florida document number L13000038965	iability Company v	vere filed on March 14, 2	2013	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	 <u> f the limited liabil</u> 	ity company here:		
The new name must be distinguishable and contain the	ords "Limited Liabilit	y Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	 cable:			
(Principal office address MUST BE A STREE	 <u>ET ADDRESS)</u>			21 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Vor registered off			e name of the new
			Clorid.	
	-	City	, Florida	Zip Code
New Registered Agent's Signature, if changing	 Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as pi registered office o	performance of my duti rovided for in Chapter	es, and Lam fan 605, F.S. Or, if	ulliar with and this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	from our records:	to manage, enter the title, name, and address	or each person seing added
MGR = + M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephen Jackson	9457 Delray Dr. NPR, FL 34654	
			□ Remove
			□ Change
· 		_	Add
,			□ Remove
•		·	Change
		_	□ Add
			Remove
			Change To L
			Remove to
			Change
		···	☐ Remove
. *		<u> </u>	☐ Change
	•		Remove
			☐ Change

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
. '	
,	
	TILEU DISTONATION CONTRACTOR
<u></u>	SEP 13 FILE
	第三
E. Effective date, if other than the date of file	ing:(optional) ind cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is file	date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated September 6	2017
Signature of	a number or authorized representative of a member
Jenna Jackson	Typed or printed name of signee
ı	Page 3 of 3
	Filing Fee: \$25.00

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