(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRET

OCT 2 8 2015 S. YOUNG

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	ERTICAL COMM Name of Lim	nuvecates LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		E Hom Name of Person	 	
	VERTIC	Firm/Company	15, LLC	
	18715	BULADALL COULT		
	LAND O		SECRETARY OF 27	TE
	B-mail address: (11 @ GMAZE . COM (to be used for future annual report notifi	ication)	FU
For further information of	concerning this matter, please c	all:	ication) PR	í
Dave	Hory	at (646) 773 - 1 Area Code Daytime		
Name (or rerson	Area Code 17ayume	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERTICA	L CommunacaTEONS, LLC	
(<u>Name of the Limited</u> (A	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on AVGUT 5, Z013 and assi	gned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the work	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if applicab	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BE	ox	
	5 m %	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		of the new
New Registered Office Address:	STEPHINTE HOM 18715 BUNDALL COUNT Enter Florida street address	
	Enter Florida street address	
	Lawn O Lakes , Florida 34638 City 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEFFIZEY LUCENA	2753 GERAADS CROSS (a	MAdd DAdd
		LAND O LAKES Flonzas	<i>34638</i> □ Remove
			☐ Change
			Add
			Remove
			TAG To Change
			Remove
			5 Charige
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Page 3 of 3

Filing Fee: \$25.00