113000133907

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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Photo	on Communica	ation, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Christopher	E. Turner			
	Caption Tec	hnologies, LLC			
	4362 Indian	Deer Road			
	Windermere	Address e, FL 34786		2014 MAR	
	Chris@photon-co	City/State and Zip Code Omm.com to be used for future annual report notif	ication)	IAR 21	E STATE OF
For further information of	concerning this matter, please c		ication	PH 3:	2
Christophe	r E. Turner	707_481-6	367	TAIL OO	1 24.
Name o	of Person	Area Code Daytime	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)	Certified	te of Status &	

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

Photon Communication, L	.LC	
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited L Florida document number L13000133907	iability Company were filed on	September 20, 2013 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	f the limited liability company	here:
Photon Communications, LLC		
The new name must be distinguishable and end with the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2014
(Principal office address MUST BE A STRE	ET ADDRESS)	
		The second of th
		S
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	02 A C
		95
		
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	4362 Indian Deer Road	d
	Enter .	Florida street address
	Windermere	, Florida 34786
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			2011 HAR 2 IVE PH 3: 00 Add Add ACT STATE Add Add Add Add Add
			□ Remove
			Add
			Remove

Pleas	se update the address for MGMR Caption Technologies, LLC as follo
436	2 Indian Deer Road
Win	dermere, FL 34786
	te, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e date this de	ocument is filed by the Florida Department of State)
he date this de	ocument is filed by the Florida Department of State)

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Filing Fee: \$25.00

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