L13000146815

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SECRETARY OF STATE
AND ANASSEE, FLORIDA

Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations

Now Cable Service, LLC

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:

John A. Burchett

Name of Person

Now Cable Services, LLC

Firm/Company

P.O. Box 898

Address

Tavares, FL 32778

City/State and Zip Code

tony.burchett1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Burchett

,407<u>,</u>221-2095

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Now Cable Services, LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 10/18/2013	and assigned
Florida document number L13000146815		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "." "L.L.C."	Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TAS 3
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	CO DE TOTAL
Enter new mailing address, if applicable:		SEE F
(Mailing address MAY BE A POST OFFICE BOX)		ORION
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:		
Nogistared Office reduces.	Enter Florida	street address
	 	lorida
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member **Title Name Address Type of Action** MISTY D. CLARK P.O. Box 898

Tavares, FL 32778 MGR Add Reinove Remove Remove Remove Remove

D. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
	0040
December 12	
	DAR
(Signature	of a member or authorized representative of a member,
John A. Burchett	•
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00