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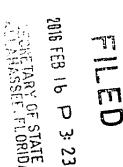
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	ATIONAL BROADBAND SATE Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Roberto Neuberger		
		Name of Person	
	ActiveFilings LLC		
		Firm/Company	
	381 E. Sheridan St., #112		
	 	Address	
	Dania Beach, FL 33004		
		City/State and Zip Code	
	operations@activefilings.com		
	E-mail address: (to	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	II:	
Roberto Neuberger		800 609-2521 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	■ \$30.00 Filling 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 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

INTERNATIONAL BROADBAND SATELLITE NETWORK, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number L14000079860
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
IBSAT LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City , Florida, 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
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Page 1 of 3 ⊕ ₩

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 = Authorized Member **Type of Action** <u>Address</u> **Title** <u>Name</u> _□ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove _□ Change _ Add _□ Remove _**⊡**∙@hange U

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an effective date is listed, the date must boote: If the date inserted in this bloc	e specific and cannot be prior to date can do the second to the second t	f filing or more than 90 days a tutory filing requirements,	ifter filing.) Pursuant to 605 this date will not be liste
ocument's effective date on the Dep		, , ,	
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Filing Fee: \$25.00