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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch all bar 2 8 2014

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	Kable linkz Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Math	ew Wentzel Name of Person	
		Firm/Company	<u> </u>
	2013	E (entral B	lvd
	Orland	O FL 328C City/State and Zip Code	3
	E-mail address: (t	o be used for future annual report notif	cation)
For further information c	concerning this matter, please ca	dl:	
Matthew Name of	Wentzel of Person	at (<u>770</u>) <u>899</u> 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)	□ \$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

JUL 28 PH 1: 1.5
SECRETARY OF STATE
ALLIAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on _	July	$\frac{1}{1}$, $\frac{2014}{1}$ and assigned
Florida document number <u>L14000109793</u>	1	•
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 "Lim	ited 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 ADDRE	2013 C Central Blud Orlando, FC 32803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2013 E Central Blvd Orlande, Fl 32803
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address
	Enter Florida street address , Florida

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ne this docun		(optional) filed date and cannot be more than 90 days after
		(optional) filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

TALLIAHASSEE, FLORERS