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SECRETARY OF STATE

K.SALY EXAMINER AUG 11

· COVER LETTER

► Division of Con WKD CAE	BLE ENTERPRISES, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.					
Please return all correspo	oondence concerning this matter to the following:					
	BENJAMIN A. BELL					
	Name of Person					
	SACRED ACCOUNTING, LLC					
	Firm/Company					
	1010 N. 12TH AVE, SUITE 224					
	Address					
	PENSACOLA, FL 32501					
	City/State and Zip Code					
	BEN@BENJAMINBELLCPA.COM					
	E-mail address: (to be used for future annual report notification)					
for further information of	concerning this matter, please call:					
BENJAMIN A. BELL	850 429-1581					
Name o	of Person Area Code Daytime Telephone Number					
Enclosed is a check for t	the following amount:					
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Status Status Status Status Certified Copy (additional copy is enclosed) Service Certified Copy (additional copy is enclosed) Service Certified Copy (additional copy service)	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

ZOI6 AUG -9 PM 12: 04

TALLAHASSEE, FLORIDA

WKD CABLE ENTERPRISES, LLC

(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 DECEMBER 03	,2014 and assigned
Florida document number L14000184993		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3636 NORTH L STREET	
(Principal office address MUST BE A STREET ADDRESS)	UNIT A-4	
(Trincipia office unaress most be A STREET ADDRESS)	PENSACOLA, FL 32505	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ds, enter the name of the new
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,
I hereby accept the appointment as registered agent and agr	ee to act in this canacity I fo	urther agree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605	and I am familiar with and F.S. Or, if this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WOLFGANG K. DOMSCHKE JR	3956 DUNWODY DRIVE	■ Adđ
		PENSACOLA, FL 32503	Remove
			Change
AMBR KATIE R. DOMSCHKE	KATIE R. DOMSCHKE	3956 DUNWODY DRIVE	
		PENSACOLA, FL 32503	□ Remove
			■ Change
			Add
			Remove
			Change SECRUALIDA A
			SSEY JO
		· · · · · · · · · · · · · · · · · · ·	F S Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change

CABLE ENTERPRISES,	LLC. MR. DOMSCHKE NOW HAS 100 % OF THE VOTING RIGHTS WITHIN
LLC AND IS ENTITLED	TO 100% OF PROFIT OR LOSS OF LLC FOR FILING TAX PURPOSES.
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	O.F. G
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lote: If the date inserted in this	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 s block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
e record specifies a delay The 90th day after the re	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
JULY 21	2016
-1/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00