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TALLAHASSEE FLORI

AUG 0 2 2016

S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: The Broad	lsat Network, LLC			
	Name of Lim	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:		
	Joseph A	A. Carballo		
		Name of Person		
	Carball	o Law, P.A.		SEC.
		Firm/Company		島智
	2355 S	alzedo Street, Suite 300		RETARY O
		Address		理で
·	Cora	l Gables, FL 33134		EFFLORIDA ANIO: 05
		City/State and Zip Code		□
	E and I Married	joe@carballolaw.com	Seed on N	
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Joseph A. Carballo		at (305) 673-8300		
Name o	f Person		Telephone Number	
Enclosed is a check for the	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 of Certified Copy (additional copy is enclose	

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

The Broadsat Network, LL			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Li	ability Company	were filed on <u>02/19/2016</u>	and assigned
Florida document number L15000123089	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	11830 SW 80 Street, Apt. 4	
(Principal office address MUST BE A STREE	T ADDRESS)	Miami, Florida 33183	16 ECT
			S TELL
			1 327
Enter new mailing address, if applicable:		11830 SW 80 Street, Apt. 41	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33183	ē 55
			3 gm
B. If amending the registered agent and/oregistered agent and/or the new registered of			s, enter the name of the new
Name of New Registered Agent:	Carballo Law,	P.A.	
New Registered Office Address:	2355 Salzedo S	Street, Suite 300	
		Enter Florida street addres	s
	Coral Gables	, Flo	orida <u>33134</u>
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
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			ア ラベ
			□ Add HASSER CO. Changer
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			☐ Remove
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Rective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 legic: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a coursent's effective date on the Department of State's records e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Signature of member or authorized representative of a member	II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Signature of a member or authorized representative of a member	ated .	7/25/2016, 2016.	
		Signature of a member or authorized representative of a member	
1		Joseph A. Carballo	

Page 3 of 3

Filing Fee: \$25.00