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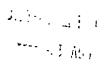
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COVER LETTER

TO: Registration Se Division of Co		,	
NORTHC	OMM, LLC	*	
SUBJECT:	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:	
	EDUARD A. BALTAR		
	-	Name of Person	
	NORTHCOMM, LLC		
		Firm/Company	
	6303 BLUE LAGOON D	R, SUITE 200	
		Address	
	MIAMI, FL. 33126		
		City/State and Zip Code	
	EBALTAR@GLSCCPA.C	OM to be used for future annual report notific	estion
For further information c	concerning this matter, please c	·	
EDUARD A. BALTAR		305 373-0123	
Name o	of Person	at ()	Felephone Number
Enclosed is a check for the	_		
■ \$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 Addres		Street Address:	
_		-	
Registration : Division of C		Registration Sect Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTHCOMM, LLC

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

(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000123396</u>	ny were filed on <u>07/17/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability 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 offic agent and/or the new registered office address here:	ee address on our records, <u>enter the na</u>	mo of the new register
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	PH 7
	Florida	
	City	Zıp 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO A RODRIGUEZ SAYCHCZ	ARTURO PRAT 109,PISO NRO.10	= Add
		APT 1001	□Remove
		TEMUCO, CHILE	
MGR	NULMER S.A	6303 BLUE LAGOON SRIVE, SUITE 200	-
		MIAMI, FL. 33126	
			-
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

E. EM	ective date, if other than the date of filing: 09 30 200 (optional)
No	te: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed.
dex	cument's effective date on the Department of State's records.
If the re	ecord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (h). The 90th day after th
record (s filed.
13	red 09 30 2020
U3	
Oa:	
O3:	Signature of a number or authorized expresentative of a member