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COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Thomas Jane of i.i	CKSON COMMI	unications C	LC
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Brook	Name of Person		
	Firm/Company		
2120 NE	10th Street		
Deala,	FL 34470 City/State and Zip Code		
T. Tackson E-mail address:	City/State and Zip Code Code		!UM
For further information concerning this matter, please	call:		
Brooke Tackson Name of Person	at 350) 239- Area Code Daytime	4179 Telephone Number	
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

unications, LLC. ed 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 Q = Q = 100 and assigned Florida document number 110 1000 274010 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 contain the words "Limited Liability Company," the designation "LRC" Enter new principal offices address, if applicable: 6 (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 new 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

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>	Name	Address	Type of Action
			
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Filing Fee: \$25.00