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PICK-UP	☐ WAIT	MAIL
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K. SALY SEP 2 7 2016

COVER LETTER

TO: Registration Se Division of Con		•	•
SUBJECT:	1 and D Tela	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:	
		Name of Person	
		Firm/Company	<u> </u>
		Address	
	- Va II	City/State and Zip Code	
		GAL!	ication)
For further information c	~		
Kama / Name o	f Person	at (703) 893 08	Telephone Number
Enclosed is a check for the	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. surn all correspondence concerning this matter to the following: Name of Person		
	☐ \$30.00 Filing Fee &		

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

2016 SEP 26 PM 5: 18

TALLAHASSCE, FLORIDA

Zip Code

M and D Telecon	2 Partners, LLC ALLAMASSION. S.
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on $\frac{7}{26/2016}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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 off registered agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer rioriau street aauress

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to man	age, enter the title, name, and address of each	person being add
MGR= M	,	Address FILED 2016 SEP 26 PM 5: 18	
<u>'itle</u>	Name	Address SIGNETARY 5: 18	Type of Action
MER	GME Allique LLC	Address SLURETARY OF STAIL AHASSEE, FLORES	
			Remové
			Change
46R	NH Note Investment LLC		Add
			Remove
			Change
16R	Lark Investment LLC		
			Remove
			Change
MBR	Lark Investment UC	P O Box 7-325	_ X Add
		Fort Lar Nordale F2 33307	□ Remove
			Change
MBR	BTS Investor Company LLC	30-0 Island Blvd, 2403	□ Add
		Aventura FL33160	□ Remove
		- M.	Change
16R	MADO Monugement LC	3000 Island Blvd. 2403	∀ LAdd
		Aventura, FL 33160	_□ Remove
			□ Change

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n effective date is te: If the date i	other than the control listed, the date must inserted in this blo ive date on the De	be specific and o ck does not me	cannot be prior to eet the applica	ble statutory fili	more than 90 days a	ptional) ifter filing.) Pursuar this date will not	nt to 605.0207 (3) be listed as the
	ifies a delayed after the reco		ite, but not	an effective	time, at 12:0	1 a.m. on the	earlier of:
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Page 3 of 3

Filing Fee: \$25.00