(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

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SUBJECT: VOLO CO	MMUNICATIONS, LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HUNTER PARKER		
		Name of Person	
	VOLO COMMUNICATIO	ONS, LLC	
		Firm/Company	1 · · · · · · · · · · · · · · · · · · ·
	757 SE 17TH ST. #1151		
		Address	
	FORT LAUDERDALE, F	L 33316	
		City/State and Zip Code	
	VOLO.SOLUTIONS@GM	AIL.COM to be used for future annual report notif	ication)
For further information c	oncerning this matter, please of	•	icatou)
HUNTER PARKER	•	512 740-8487	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 & 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

7411V A	ILED
TALL AHASSE	P8 PM 3: 11 Y OF STATE E. FLORIDA

VOLO COMMUNICATIONS, LLC

(Name of the Limited Liability Company as it now appears on our records,)

		CE. FLON
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000185267		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
VIEO, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	757 SE 17TH ST.	
Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL	
	33316	
Enter new mailing address, if applicable:	757 SE 17TH ST. #1151	
Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL	
MATTER STATE OF THE STATE OF TH	33316	
Name of New Registered Agent:		<del></del>
Name of New Registered Agent:  New Registered Office Address:		±
	Enter Florida street address	
	, Florida	
New Registered Office Address:	, Florida	Zip Code
New Registered Office Address:	, Florida	Zip Code
	city  ee to act in this capacity. I further agree performance of my duties, and I am famorovided for in Chapter 605, F.S. Or, if t	to comply with to iliar with and his document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2016 NOV 28 PM 3: 11 AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** □ Add ☐ Remove ☐ Change \_□ Add \_□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change \_ Add ☐ Remove \_□ Change

* <u></u>	
<u></u>	2016 NOV 28 PM 3
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Effective data if other than the date of f	Tlings 11/01/16 (ontional)
If an effective date is listed, the date must be specific	illing: (optional) c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
<b>Note:</b> If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective	ve date, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is fil	ed.
Dated	<u>2016</u>
Ju	
Signature	of a member or authorized representative of a member
HUNTER PARKER	
<del> </del>	Typed or printed name of signee

Page 3 of 3

Filing Fcc: \$25.00