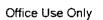
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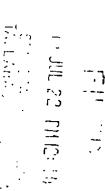
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

Division of Corporations BACKBONE INTERCONNECT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GAVRIEL MEIDAR Name of Person BACKBONE INTERCONNECT LLC Firm/Company 10501 NW 50th Street Suite 104-3 Address Sunrise, FL 33351 City/State and Zip Code sec@bbinterconnect.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GAVRIEL MEIDAR** Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

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

BACKBONE INTERCONNECT LLC

The Articles of Organization for this Limited Liability Company were filed on 11/07/2016 and assigned Florida document number L-16000204530

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 "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 office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

GAVRIEL MEIDAR

New Registered Office Address:

10501 NW 50th Street Suite 104-3

Enter Florida street address

Sunrise

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 a 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CARLA PARRA		□ Add
<u> </u>		10501 NW 50th Street Suite 104-3	
		Sunrise, FL 33351	■ Remove
			Change
MGR	HERNAN PERDOMO		
		10501 NW 50th Street Suite 104-3	
		Sunrise, FL 33351	■ Remove
			Change
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(If an effe Note:	ve date, if other than the deterive date is listed, the date must be a lift the date inserted in this blockent's effective date on the Department.	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: ck does not meet the applicable statutory filing requirements, this date will not be list	5.020 ted a
	ord specifies a delayed e 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earling is filed.	er o
Dated _	JULY 18th	. 2019	
		J	
		- 31	
	Si	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00