

L16000224557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

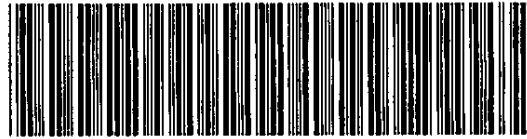
(Business Entity Name)

(Document Number)

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2018 APR 25 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 25 2018

J. SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMMUNICATION TOGETHER LLC  
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:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm/Company

7345 W SAND LAKE RD, STE 304

Address

ORLANDO, FL 32819

City/State and Zip Code

CAROL @ SOUSAN ASSOCIATES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA C SOUSA

Name of Person

at ( 407 )

Area Code

800 7028

Daytime Telephone Number

Enclosed is a check for the 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

COMMUNICATION TOGETHER LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR 25 PM 2:12

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Florida document number L16000224557.

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

12938 GARRIDAN AVE

***(Principal office address MUST BE A STREET ADDRESS)***

WINDER MERE, FL 34786

12938 GARRIDAN AVE

***(Mailing address MAY BE A POST OFFICE BOX)***

WINDERMERE, FL 34786

Name of New Registered Agent:

SOUSA AND ASSOCIATES INC

**New Registered Office Address:**

7345 W SAND LAKE RD, STE 304

Enter Florida street address

ORLANDO

Florida 32819

City

Zip Code

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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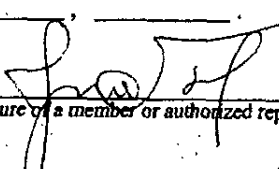
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 03/22/2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

IDALIA DOMINGUES ALVES

\_\_\_\_\_  
Typed or printed name of signee