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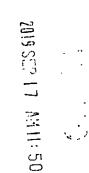
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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: Exist	Name of Lim	1 & Counsell ited Liability Company	ng Net	MOIK LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Magdo	TYIYO\ Name of Person		
		Name of Person		
		Firm/Company		
	228 SW	48th Ave		
		Address		
	Miami	FL 33134		
-	M-eriro	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code		
For further information conc	erning this matter, please ca	all:		
Magdo F Name of Pe	TIO rson	at (<u>305</u>) Area Code	343 70 Daytime Telepho	TTJ one Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

E. 1101 3 12(1/X)(1/3)(4)		Networks 17 Williams
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears o orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit	by Company were filed on $\frac{F_0}{967}$	b 21, 2017 and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here	:
Erirais Network	LLC.	
The new name must be distinguishable and contain the words	Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX		
		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida	street address
	City:	Florida

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
N/A		-	
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			☐ Change
			☐ Remove
			Change
	<u> </u>		□ Add
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Filing Fee: \$25.00