## 117000075336

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lim	wth Communication ited Liability Company	y LCC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Mame of Person	
	,	Name of Person	
	Delence For Ea	sth Communications Cl Firm/Company	
	981 E Eau (	ialle Blud Suite 1	24
9	Indian?	Herbor Beach Fr City/State and Zip Code	37737
*		City/state and Zip Code  Dalonce For Earthour  to be used for future annual report notific	
For further information co	ncerning this matter, please ca	all:	
I Wanto Name of	Person	at (37.1 ) 704 Area Code Daytime	-7859
			· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the	e 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

Balance For Ea	gith Communications LLC	
(A Florida	lity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{O4/O4/2017}{336}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
BFEC LI	LC	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
		• •
	<u> အ</u>	
Enter new mailing address, if applicable:	-77	: ,
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the n</u> <u>dress here</u> :	<u>ew</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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 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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add Add
			Remove
			□ Change
			☐ Remove ☐ Change ☐ Add
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an effe ote:	(optional) ctive 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 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	207 as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of
The	05/24/17	

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Filing Fee: \$25.00