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(Requestor's N	Name)
(Address)	
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PICK-UP W	AIT MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	СТ:	Name of Lim	E L L L L L L L L L L L L L L L L L L L		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Dylar	Honson Name of Person		
			Firm/Company		;
		981 E 5	a Rallie Blvd , S	(i) te 124	· · · · · · · · · · · · · · · · · · ·
		Indian Harba	City/State and Zip Code	2937	 구 표
		Dy an Q B. E-mail address: (stance For Earth.org to be used for future annual report now	lication)	0
For fur	her information co	oncerning this matter, please ca	all:		
	Name of	Hanson Person	at (374) 754 Area Code Daytime	-7859 e Telephone Number	_
Enclose	ed is a check for th	ne following amount:			
\$25	i.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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

1SFEC, CLC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Bylance For Earth Communications, Cl 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)	<u> </u>
	`
	<u> </u>
Enter new mailing address, if applicable:	- -
(Mailing address MAY BE A POST OFFICE BOX)	> !
	.,
	<i>5:</i>
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street a	ddress
	. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		 	Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			D Add
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			Change
			
			Remove
			□ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to d e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 605, e statutory filing requirements, this date will not be liste
record specifies a delayed effective date, but not an he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlie
ed June 1 . 2018	
Signature of a member or authorize	ed representative of a member

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Filing Fee: \$25.00