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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | egistration Sec ivision of Corp | | | | | |
|-------------|------------------------------------|--|---|---------------------|-----------------------------|----------------|
| SUBJECT: | AOFD New | vork, LLC | | | | |
| SOBJECT | | Name of Limi | ted Liability Company | | | |
| | | Amendment and fee(s) are sub- | _ | | | |
| | | Alan Temple | | | | |
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| | | AOFD Network, LLC | | | -1 2 | |
| | | | Firm/Company | | ALL SEL | \mathfrak{D} |
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| | | Vero Beach, Fl. 32960 | City/State and Zip Code | | H TO CONTO | ; |
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| For further | information c | oncerning this matter, please ca | ill: | | | |
| Alan Tem | ple | | 772 473-0036 | | | |
| | Name o | f Person | | ne Telephone Number | | |
| Enclosed i | s a check for th | ne following amount: | | | | |
| \$25.00 |) Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| | MAII. | ING ADDRESS: | STREET/COUR | RIER ADDRESS: | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AOFD Network LLC | | |
|---|---|--|
| (<u>Name of the Limited Liah</u> (A Flor | illity Company as it now appears on our records ida Limited Liability Company) | <u>.</u>) |
| The Articles of Organization for this Limited Liability Florida document number L17000076593 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | 見され |
| The new acme must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" | or the abbreviation "L.F.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | |
| Florida document number L17000076593 This amendment is submitted to amend the following: A. If amending name, enter the new name of the line of the | | in the second se |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or represented agent and/or the new registered office ac | | , enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Emer / for the giver teles es | |
| | , Flo | rida Zip Code |
| | Cay | гір соағ |

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> | <u>Address</u> | Type of Action |
|--------------|-------------|--------------------------------|----------------------------------|
| MGR | Alan Temple | 2770 Indian River Boulevard | = Add |
| | | Suite 501 | □ Remove |
| | | Vero Beach, FL 32960 | ☐ Change |
| MNG | Coya, Wendy | 2770 Indian River Blvd Ste 501 | |
| | | Vero Beach, FL 32960 | ■ Remove |
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| fective date, if other that n effective date is listed, the da | the date of fili | ing: | | (opt | ional) | |
| n effective date is listed, the da <u>ste:</u> If the date inserted in the cument's effective date on the | nis block does no | t meet the applic | able statutory fili | now than 90 days aftengence than 190 days after the new the new the new than 190 days after the new the new the new the new the new the new th | r filing.) Pursuant to 6 is date will not be li | 05.0207 sted as |
| record specifies a del The 90th day after the | | | it an effective | time, at 12:01 | a.m. on the ear | lier of |
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| ted | | -, 2017 | | | | |
| | | $\langle \rangle$ | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00