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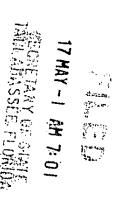
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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### **COVER LETTER**

SUBJECT:	PIN COM	nunications	
	Name of Limite	d Liability Company	
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	_
	Margarita	Rame of Person	istina
~	J	Name o#Person	
		Firm/Company	<del>VII. 111 8 III.</del>
	840 SU	v 89 terr.	
		Address	
	Planto	ation, FL 333	24
		City/State and Zip Code	
_	mespi	n @bellSouth.r	<u>101</u>
	E-mail address! (to	be used for future annual report notific	cation)
•	erning this matter, please call		
Margarita	Espin Christina	at (305) 439 - 6	7108
V Name of Fe	ISOH 1	Area Code Daytime	reteptione Number
Enclosed is a check for the f	Howing amount:		
□ \$25.00 Filing Fee (I	\$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:

TO:

Registration Section
Division of Corporations

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

# **STREET/COURIER ADDRESS:** Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9	•
(Name of the Limited Liability Compa	nunications, LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 4/15/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
ESPIN C	ommunications, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	840 SW 89 terr. Plantation, FL 33324
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	840 SW 89 terr Plantation, FL 33324
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
Name of New Registered Agent.	3/4 3
New Registered Office Address:	Enter Florida street address
	, Florida 77 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Agent's Signature, if changing Registered Agent:	City SZip Code
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agree to comply with the

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:

MCD - Managan	
MGR = Manager	
AMBR = Authorized Member	•

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
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	- Seri
ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be listed
ament's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effectine 90th day after the record is filed.	ve time, at 12.01 a.m. on the earne
O $($	
ed Upri 20 1, 2011.	_
Signature of a member or authorized represent	tative of a member
	Christina nee
Margarita Espin-	1 11 10 ch

Page 3 of 3

Filing Fee: \$25.00