L17000154910

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COVER LETTER

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CUBIFOR]	MALLCOMM LLC					
SUBJECT:		Name of Lim	nited Liability Company	_			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		SEEMA JAIN					
			Name of Person				
		AXIOM BUSINESS CON	SULTING LLC				
			Firm/Company				
		F3234 TELECOM DR					
			Address		~		
		TAMPA, FL 33637		: · 	923 F		
			City/State and Zip Code	 : '	: <u>:</u> ≺		
		SJCPA@AXIOMBUSINE			3		
		E-mail address: (to be used for future annual report notification)		70		
For further in	formation c	oncerning this matter, please c	all:	-111- 7 .€.	Pii 2: 49		
SEEMA JAI	N		813 977-0089	ro ro	61		
	Name o	f Person	Area Code Daytime Telephone Nur	mber			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Stat fied Copy ional copy is en	tus &		
	ling Addres		Street Address: Registration Section				
-	-	orporations	Division of Corporations				
P.O	. Box 632	7	The Centre of Tallahassee				
Tal	lahassee T	FT 32314	2415 N. Monroe Street, Suit	te 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALLCO	OMM LLC			
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17000154910	were filed on <u>07/19/2017</u>	and	l assigno	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviatio	n "l <u>s.b</u> .C.	
Enter new principal offices address, if applicable:		<u>;</u> -	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				
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		* - 	PI	• 1
Enter new mailing address, if applicable:			_ cu -∴	ر _ت . ——
(Mailing address MAY BE A POST OFFICE BOX)		7:1 	<u></u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the r	name of the	new re	gisterec
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	l		
	, Florida	Zip C	ode	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further	agree to c	omply v	vith 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	David Fuller-Watts	13234 TELECOM DR SU 116	= Add
		TAMPA, FL 33637	□Remove
			□Change
			□Add
			□Remove
			☐ Ghange ☐ Add ©
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