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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILING CANCELLED RETURNED CHECK



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N. CAUSSEAUX JUL 2 6 2017

#### COVER LETTER

### FILING CANCELLED RETURNED CHECK

TO: Registration Section
Division of Corporations

SUBJECT: A. W. COMMUNICATIONS LIC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A'ungae Williams Name of Person
A.W. COMMUNICATIONS LLC
Firm/Company
5583 Greatpine in S.
bahoaville FL 32244 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L'unine	Williams	at (904 )	536-9021_	
Name	of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the 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

## FILING CANCELLED RETURNED CHECK

A.W. COMA	JU ENOTTADIAN
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	•
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the  A W COMUNIC  The new name must be distinguishable and contain the words	
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	MEIOH OF CO
	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida, Zip Code
	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 -

FILING CANCELLED

AMBR = Authorized Member

RETURNED CHECK

<u>Title</u>	Name	Address	Type of Action
C20	Aurype Williams	5583 Greatpine in S Jadnsonville FL 322	<u>},</u> <b>⊠</b> Add
		Jadhsonville FL 322	₩ 🗆 Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
FILING CANCELLED
RETURNED CHECK
20 TOPC
THE TARY OF CORPORATION IN THE PROPERTY OF THE
<del> </del>
E. Effective date, if other than the date of filing:  (If an effective 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 605.0207 (3)(  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated July 20, 2017.
Signature of a member or authorized representative of a member
Aunyae Williams Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00