	<u> </u>
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Statu s
Special Instructions to Filing Officer:	
Office Use Only	



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COVER LETTER

TO: Registration Sec Division of Corp	porations		
SUBJECT: B.	S.D. Te	llecomuni	cations, LLC
	Name of Limi	ted Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Becky	DiBenedet	-+0
	<u>/</u>	Name of Person	
	 	Firm/Company	
	13520 5	w. le CT	
		Address	
	Davielr	- L 33325 City/State and Zip Code	
		City/State and Zip Code Com (ast) o be used for future annual report noti	0 0 1
	Beckie 8/31	(on Cast	(V) ET
	11		meanony
For further information co	oncerning this matter, please ca	ll:	
Becky D.	Benedetto	at (954) 440 Area Code Daytim	- 3249
Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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)
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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 ARTICLES OF ORGANIZATION **OF**

B.S.D. Telle Com (Name of the Limited Liability Compar (A Florida Limited Liability Compar	nunications, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number 500305608615	were filed on 11 13 17 and assigned
1 1	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
B.S.D. Telecommunic The new name must be distinguishable and contain the words "Limited Liabili	cations, LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13520 SW Lect
(Principal office address MUST BE A STREET ADDRESS)	Davie, FL 33325
Enter new mailing address, if applicable:	13520 SW (eCt Davie, FL 33325.
(Mailing address MAY BE A POST OFFICE BOX)	Davic, F. 2. 33335
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	,—·· — — — — — — — — — — — — — — — — — —
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 AMBR = Authorized Member <u>Title</u> **Address Type of Action** Name | □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add -43 □ Remove ☐ Change ☐ Remove _□ Change _□ Add ☐ Remove □ Change ☐ Add ☐ Remove

Page 2 of 3

☐ Change

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	name of business.	
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F4:-	e date, if other than the date of filing: 01/01/2018 (optional)	49
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	Nou 15 2017	
Dated _	NOU 15 1. 2017.	
	NOV 15 2017. Parcy DiBercoulte	
	Signature of a member or authorized representative of a member	
	BELKY DiBENIE de +++0	
	BELKY DIBENIE dE 1/10 Typed or printed name of signee Page 3 of 3	