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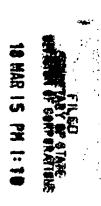
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT. Wate	coupoiks com	munications, Luited Liability Company	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jos	SHUA C. OLIVE	
		Name of Person	
		Firm/Company	
	1909	12 Ridgedale Aug	2
		Address	
	Pt. Cha	riotle, PL 33954	
		City/State and Zip Code live Q Sun - herald coto be used for future annual report notifi	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
JOSHUA Name of	C. OLIUE Person	at (941) 276- Area Code Daytime	9(57 Telephone Number
		•	•
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	· Certificate of Status	Certified Copy (additional copy is enclosed)	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

(Name of the Limited L	RWORKS C	OMMUNICATION ow appears on our records.) Company)	ns, uc
The Articles of Organization for this Limited Liabil Florida document number 171129161620	lity Company were fil	ed on 11/29/17 767 L17000244	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	· - ·· ·		
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	any," the designation "LLC" or	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)		V/A	<u>~,`</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ad	dress on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
-	City	, Florid	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>	<u>Name</u>	Address	Type of Action
AMBR	SCOTT M. OLIVE	19092 Ridgedale Ave.	Add
			☑ Remove
			Change
AMBR	ARLIA D. OLIVE	19092 Ridgelak Ave.	Add
			D Remove
			Change
			Add
			Remove
			Change
			Add
			_□ Remove
			_□ Change
			Add
			_□ Remove
			Change
			_□ Remove
			_□ Change

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ive date, if other that ective date is listed, the date inserted in tent's effective date on cord specifies a de 90th day after the	this block does no the Department o	of meet the application of State's records.	able statutory filin	ng requirements,	this date will no	ot be list
If the date inserted in the ent's effective date on cord specifies a de 90th day after the	this block does no the Department o elayed effective e record is filed	of meet the application of State's records.	able statutory filin	ng requirements,	this date will no	ot be list
If the date inserted in the ent's effective date on cord specifies a de	this block does no the Department o elayed effective e record is filed	of meet the application of State's records. E date, but no d.	able statutory filin	ng requirements,	this date will no	ot be list
If the date inserted in the case of the ca	this block does no the Department of elayed effective e record is filed	e date, but no	able statutory filin	time, at 12:0	this date will no	e earli
If the date inserted in the ent's effective date on cord specifies a de 90th day after the	this block does no the Department of elayed effective e record is filed Signature of	e date, but no d. 2018	t an effective	time, at 12:0	this date will no	ot be list

Filing Fee: \$25.00