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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Answer Plus Communications 2LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard A. Lucarelli Name of Person
Answer Plus Communications LCC Firm/Company
964 Rotonda CIRCLE
Rotonda West, Fl. 33947 City/State and Zip Code
rick @ Answerplus Communications, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Lucare//i at (203) 535-5310 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Answer Plus Common Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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 name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>

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 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

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<u>Title</u>	Name	Address	Type of Action
AMBR_	Stephanie Lucarelli	964 Rotonda Circle	XAdd
		Rotanda West, F1.339	<u>97</u> □Remove
			Change
AMBR	Richard Lucarelli	964 Rotenda CIRcle	
		Rotanda West, Fl. 3394	∕ Z □Remove
			□Change
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			□Add
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			□Remove
			□Change

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Effective	date, if other than the date of filing: (optional)
If an effecti	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document	's effective date on the Department of State's records.
e record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
na is meu	
Dated	Sept 1. 2020.
	Réchaul Canada de Maran Canada Responsable de Maran Canada de
	Richard a Mosarel
	Signature of a member of authorized representative of a member
	Richard A. Lucarelli Typed or printed name of signee