Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000052696 3)))



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To:	Division of Corporations Fax Number : (850) 517-6383	BILL A
From:	Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600	E5.FL #10: 0

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Fax Number : (323) 962-3889

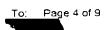
Email Addr	ess:	 	
Email Addr	ess:	 	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAST MILE COMMUNICATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help



# COVER LETTER

TO: Registration S Division of Co			·		
	ILE COMMUNICATIONS 1.	LC			
SUBJECT:	Name of Limit	ted Liability Company	<del> </del>		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing			
Please return all corresp	ondence concerning this matter t	to the following			
	Chevenne Moseley				
		Name of Person			
	Legalzoom.com, Inc				
	-	Firm/Company			
	101 N. Brand Blvd., 11th	η Είαοτ			
		Address			
	Glendale, CA 91203				
	Cwy/State and Zip Code				
	E-mail address (to be used for future annual report notification)				
For further information	e-mail dooress (i		ication,		
Cheyenne Moscley 800 773-0888 ext 9724					
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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Page 5 of 9 To:

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAST MILE COMMUNICATION			ing 😎	
(Name of the Limit	ed Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	- May 5	
The Articles of Organization for this Limited L Florida document number L18000060574			and assigned	I
This amendment is submitted to amend the following	owing			
A. If amending name, enter the new name o	f the limited liability c	ompany here:		
The new name must be distinguishable and end with the	words "Limited Liability Co	ompany," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)		1-2	
				<del></del> -
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)				
maining duaress mar bit at 667 Critical				
B. If amending the registered agent and registered agent and/or the new registered o		address on our records, ente	er the name of th	<u>ie new</u>
Name of New Registered Agent	United States Corpo	oration Agents, Inc		
New Registered Office Address:	13302 Winding Oa	k Court, Suite A		
		Enter Florida street address		
	Tampa	, Florida	33612	
		Ciriv	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 Cheyenne Moseley, Assistant Secretary on behalf company has been notified in writing of this change of United States Corporation Agents, Inc.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR_	Ivelisse Cruz	6104 Colmar Place	☑ Add
		Apollo Beach, FL 33572	□ Remove
			☐ Remove
			□ Remove
<del></del>			□ Add
			D Add
			Remove
<del></del>			Add
			☐ Remove

To:	Page 7 of 9	2019-02-14 07:19:58 PST	LegalZoom.com, Inc. From: Sarah Acevedo
	D. If amending any other informa	tion, enter change(s) here: (Attach additional she	ets, if necessary)
			· · · · · · · · · · · · · · · · · · ·
			<u> </u>
	E. Effective date, if other than the (The effective date must be specific, cannuthe date this document is filed by the Fl	edate of filing: not be prior to date of receipt or filed date and cannot be more therefore the date and cannot be more the date and cannot be more the date and cannot be more the date.	(optional) nan 90 days after
	Dated February 14th	, 2019	
		deline G	
		Signature of a member or authorized representative of a mer	nber
		lvelisse Cruz	
		Typed or printed name of signee	
			2019

Page 3 of 3

Filing Fee: \$25.00

INHS18 (12/13)

# **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:	ONS LLC				
Name of Limited Liability Company					
Dear Sir or Madam.					
The enclosed Registered Agent/Registered C	Office Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to	the following:			
Cheyenne Moseley		<del></del>			
Name of Person					
Legalzoom.com, Inc.					
Firm/Company		_			
101 N. Brend Blvd., 11th Floor					
Address		_			
Glendale, CA 91203					
City/State and Zip Code		<del></del>			
ivelisse cruz@lastmile net					
E-mail address (to be used for future annual report	notification)	<del></del>			
For further information concerning this mat	ter, please cal	1:			
Cheyenne Moseley	800 at (	773-0888 ext. 9724			
Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rc Di P (	ATLING ADDRESS: gistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314			
Enclosed is a check for the followi	ing amount:				
□ \$25 Filing Fee	<b>s</b>	55 Filing Fee & Certified Copy			

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605 0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1	Nar	ne of the limited liability company: LAST MILE COM	MUNICATIONS LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	10106 Avalon Lake Cir Fort Myers, Florida 33913	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
<del></del> 3.	Dat	e of filing/registration in Florida	. Document number	
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of	f State:
		Registered Agent:		
		Registered Office Address:		
		·		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	Registered Office address:	
		NEW Registered Agent:	United States Corporation Agents, Inc.	;
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13302 Winding Oak Court, Suite A	
		177.00.2	Tampa ,,F	L 33612
an lia th th	nfin id the ibilit e me e ope	imited liability company is not organized under the lemed that after the change or changes are made, the file business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company	orida street address of the registe cal. Or, in the case of a Florida l	red office imited
		Ivelisse Cruz or typed name of signee		
Co ar Co ac	here mpl nd I d hapt ldres	by accept the appointment as registered agent and as y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 605, F.S. Or, if this document is being filed to mer as, I hereby confirm that the limited liability company	ree to act in this capacity. I fur per and complete performance of ition as registered agent as prov ely reflect a change in the regist has been notified in writing of th	ther agree to of my duties, ided for in ered office his change
		re of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00