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| (Requestor's Name) | |
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| (Address) | |
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| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT M | IAIL |
| (Business Entity Name) | |
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| (Document Number) | |
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COVER LETTER

| TO: Registration Secti Division of Corpo | | 3 | • | | |
|---|--|---|----------------------------|--|--------------------------|
| SUBJECT:(| SOME COMMU Name of Lim | IN (CATIONS ited Liability Company | GROUP | | |
| The enclosed Articles of Ar | nendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all correspond | ence concerning this matter | to the following: | | | |
| | MAR | Name of Person | ez orta | · | |
| | <u>JUMÉZ</u> | COMMUNICAT Firm/Company | hous Gro | υρ | |
| | <u>3450 S.</u> | OCEAN RLUIT | >. #420 | | |
| | PARM | BONCH, FL City/State and Zip Code | 33480 | | |
| | Wananne E-mail address: (| 90me2comm to be used for future annual | nuluication) | 1s.Com | 3 200 13 |
| For further information con | cerning this matter, please ca | all: | | | 61 31 08 7 2 68 13 18 |
| Mary Ann G | ones Orta | at (<u>202</u>) Area Code | B41.095 Daytime Telepho | nne Number | g d |
| 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 enc | i | \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc | |

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

| GOMEZ CON | MMUNICATIONS GROUP | | |
|--|---|----------------------|--------------------------|
| (A Floric | lity Company as it now appears on our records.) la Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability | | % and assign | ed |
| Florida document number <u>L18000 8787</u> | <u>- 0</u> , | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "LEC" or the | abbreviation "L.L.C. | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | ر. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | آ ۾' سن تن |
| | | <u>ූ</u> | :: <u>:::</u> : |
| | | ;5 | .(1) |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered office address on our records, <u>ente</u> dress here: | r the name of | the nev |
| Name of New Registered Agent: | | | |
| N. D 1000 A.H. | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | . Florida | | |
| | City | Zip Code | |
| Nam Dagistanad Agant's Cianatura if shanging Dagistan | od Agenti | | |

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 | Mary An Gamez Ota | 7450 S. Ocean Blud. #420 Polm Brad. FL 37480 | ∑ Add |
| Gener Communications | Mary Ann Gamez Orts President & CEO Gamez Communications Groy | Polm Brack, FL 33480 | Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| Please include EIN Number 82-4878244 |
| in the FOI/OIN section of the filing information |
| in the "Detail by Entity Name" downert. |
| the territy owner besser or |
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| E. Effective date, if other than the date of filing: 12-5-2018 (optional) (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 Note: If 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. |
| 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 12/5 . 2018 . |
| |
| Signature of a member or authorized representative of a member |
| Way An Gonee Ortz Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00