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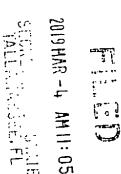
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COVER LETTER

Div	ision of Cor	porations										
SURJE <i>C</i> T:	LOCAL PREMIUM LEC											
50000CT.			nited Liability Company									
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.									
Please return	all correspo	ndence concerning this matter	to the following:									
		LEONARDO FIGUEIRE	DO .									
			Name of Person									
		SOLUTION ADVISING	LLC									
			Firm/Company									
		5728, MAJOR BLVD - SI	JITE 609									
			Address									
		ORLANDO - FLORIDA -	32819									
		 	City/State and Zip Code	<u> </u>								
		INFO@SOLUTIONADVI										
		E-mail address: (to be used for future annual report notifi	cation)								
For further in	iformation co	oncerning this matter, please c	all:									
LEONARDO FIGUEIREDO			407 286-5595 at ()									
	Name of	Person	Area Code Daytime	Telephone Number								
Enclosed is a	check for th	e 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:

TO:

Registration Section

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

FILED

LOCAL PREMIUM LLC

company has been notified in writing of this change.

2019 HAR -4 AM 11: 05

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our	records.)					
(<u>Name of the Limited Liability Compan</u> (λ Florida Limited Li	aconty company)	Million A 13 Lat Fill					
The Articles of Organization for this Limited Liability Company v	vere filed on 04/18/2018	and assigned					
Florida document number L18000098467							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabil	ity company here:						
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	n "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:		-					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>					
B. If amending the registered agent and/or registered offi	ica address on our re	poords ontor the name of the					
registered agent and/or the new registered office address here:	te address on our re	ecords, enter the name of the r					
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·						
New Registered Office Address:							
respected office Address.	Enter Florida street	address					
	Florida						
	City	Florida Zip Code					
New Registered Agent's Signature, if changing Registered Agent:							
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p							

If Changing Registered Agent, Signature of New Registered Agent

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

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>	<u>Address</u>	Type of Action
MGR	BEATRIZ BARBARA SANTOS	2201 PORTOFINO WAY	■ Add
		DAVENPORT - FL - 33896	□ Remove
			☐ Change
			□ Add
			Remove
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