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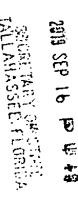
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SEP 2 1 201

1.

COVER LETTER

Division of Cor ARTELEC	COMMUNICATIONS L.E.C.			
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	andence concerning this matter	to the following:		
	ALTWAN MONTINA			
		Name of Person		
	ARTELECOMMUNICAT	TONS LLC		
		Firm/Company		
	7904 KIMBERLY BLVD			
		Address		
	NORTH LAUDERDALE.	FL 33068		
	MONTINAS.CORP@GM/	City/State and Zip C	ode	
		to be used for future and	nual report notifi	cation)
For further information c	concerning this matter, please ca	ıll:		
ALTWAN MONTINA		954	856-5990	
Name o	d Person	at () Area Code	Davtime	Telephone Number
Condensed to a should fine d	h. f. Harris and annual			
Enclosed is a check for if \$\Boxed{B} \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing F	Zara V.	□ \$60.00 Filing Fee.
a 523.00 ruing rec	Certificate of Status	Certified Cop (additional copy i	V	Certificate of Status of Certified Copy tadditional cupy is enclose
	ING ADDRESS:		EET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

ART'ELECOMMUNICATIONS LLC

1Name of the Limited Liability Company as it now appears on our recognity SEP 16
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company were filed on 07/12/2018 STORE TARY 7ALLAHASSE
Florida document number L18000169003	·
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviat
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>enter the na</u> <u>ce address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Circ Zip C

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 cuprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited his company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each peor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title MGR	Name ALTWAN MONTINA	Address 1 7904 KIMBERLY BLVD, NORTH LAUDERDALE, FL	
mgr/ <u>Ambr</u>	Donna-Marie James	2333 NW 36 Terr Lauderdak Lakes, FL 33309	
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] C

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Note: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the 0th day after the record is filed.
Dated	1 A (Han
	r Milder
	Signature of a member or authorized representative of a member
	MONTINA, ALTWAN
	Typing or printed a ruse of surprise

 $\textbf{D. If amending any other information, enter change (s) here: \textit{(Attach additional sheets, if necessary.)}}\\$

Page 3 of 3

Filing Fee: \$25.00