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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	tion Section of Corporations		
SUBJECT:	CENTRAL FL CABLE AT	ND TECH SERVICES LLC	
	Name of Lim	ited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are subn	nitted for filing.	
Please return all c	orrespondence concerning this matter to	o the following:	
	- -	TROIE S. CANTER Name of Person	
	CENTRAL FL.	CABLE AND TECH SERVI	CES LLC -
		098 TIMBERLANE TRAIL Address	_
		CASSELBERRY, FL 32707 City/State and Zip Code	
		CGMORPHS@GMAIL.COM to be used for future annual report notif	
For further inform	nation concerning this matter, please cal	II:	
TT	ROIE S. CANTER Name of Person	at (= 407) = 310-38. Area Code = Daytir	89 ne Telephone Number
Enclosed is a chec	ck 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 radditional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive C	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FL CABLE				
(Name of the Limited Liability C (A Florida Lin	Company as it now appear: nited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Corelina document numberL18000207217	npany were filed on _	AUGUST 29, 2018	and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	ed liability company b	nere:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the abbr	eviation "L	l.,C,"
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	<u> </u>			ت
			 	188 188 188
			ĊŢ	25
Enter new mailing address, if applicable:		_	<u>-</u>	2 ii 2 i
Mailing address MAY BE A POST OFFICE BOX)			2	ខ្មែ⊆
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		_	9	-
B. If amending the registered agent and/or registerew registered agent and/or the new registered office a		on our records, <u>enter</u>	the na	me of 1
Name of New Registered Agent:	TRO	IE S. CANTER		
New_Registered Office Address:	1098 TIM	BERLANE TRAIL		
New Registered Office Address.	Enter Flor	ida street address		
	CASSELBERRY	, Florida	3270	7
	City		Zin 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
	TROIE S. CANTER	1098 TIMBERLANE TRAIL	= Add
		CASSELBERRY, FL 32707	Remove
			Change
	TORIE S. CANTER	1098 TIMBERLANE TRAIL	🗆 Add
		CASSELBERRY, FL 32707	■ Remove
			🗆 Change
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			🗆 Change

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The 90th day after the record is filed. SEPTEMBER 3 2018	W the fished t	
- The	ne earlier (
Signature of a member or authorized representative of a member		<u>EPTEMBER 3</u> . <u>2018</u> .
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00