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Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CLINT PAYNE				
		Name of Person			
	1304 US HWY 90 W #119	Firm/Company			
	DEFUNIAK SPRINGS L.	Address			
	CPAYNEONTIME@OUTI	City/State and Zip Code LOOK.COM			
	E-mail address: (to be used for future annual report notifica-	ation)		
For further information of	concerning this matter, please ca	all:		2014 DEC	
CLINT PAYNE		607 316-3038		1	Baum
Name o	of Person	Arca Code Daytime T	elephone Number	3 PH 1	; i
Enclosed is a check for t	he following amount:			~ ~	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

S.O.O. TELECOMMUNICATIONS CONSTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ________ and assigned Florida document number ____L18000269128 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1304 US HWY 90 W #119 Enter new principal offices address, if applicable: **DEFUNIAK SPRINGS FL 32433** (Principal office address MUST BE A STREET ADDRESS) 1304 US HWY 90 W #119 Enter new mailing address, if applicable: **DEFUNIAK SPRINGS FL 32433** (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
MGR	COREY WEIDMAN	15 MERCHANT ST OXFORD NY 13830	∃ Add
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fective date, if other than the date of filing:	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the applicable statutory filing requirements, this date will not be listed:
The 90th day after the record is filed.	, but not an effective time, at 12:01 a.m. on the earlier
ted NOVEMBER 27 . 20	018
نو الله الله الله الله الله الله الله الل	per or authorized representative of a member

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Filing Fee: \$25.00