

L19000 057 311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Sonia Riso gave  
permission to correct  
Section D.

01/10/2020

Office Use Only



600337525976

12/02/19--01016--003 \*\$00.00

2019 DEC -2 PM 1:40

C GOLDEN

JAN 10 2020

# COVER LETTER

Registration Section  
Division of Corporations

5G NETWORK LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SONIA R RISO

\_\_\_\_\_  
Name of Person

5G NETWORK LLC

\_\_\_\_\_  
Firm/Company

4724 FOXTAIL PALM DR

\_\_\_\_\_  
Address

GULF BREEZE FLORIDA 32563

\_\_\_\_\_  
City/State and Zip Code

SALES@DIGYNET.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA R RISO

617 7943834

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

5G NETWORK LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 DEC -2 PM 1:40

The Articles of Organization for this Limited Liability Company were filed on 02/27/2019 and assigned  
Florida document number L19000057311.

This amendment is submitted to amend the following:

**. 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 "L.L.C."

**Enter new principal offices address, if applicable:**

4724 FOXTAIL PALM DR

**Principal office address MUST BE A STREET ADDRESS)**

GULF BREEZE FL 32563

**Enter new mailing address, if applicable:**

4724 FOXTAIL PALM DR

**Mailing address MAY BE A POST OFFICE BOX)**

GULF BREEZE FL 32563

**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:

4724 FOXTAIL PALM DR

*Enter Florida street address*

GULF BREEZE

Florida

32563

*City*

*Zip 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager  
ABR = Authorized Member

<u>id</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E-MAIL: SALES @DIGYNET.COM

Effective date, if other than the date of filing: \_\_\_\_\_ (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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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:  
a) The 90th day after the record is filed.

Dated NOVEMBER 23, 2019

*Sonia R. Riso*

Signature of a member or authorized representative of a member

SONIA R RISO ( MANAGER/MEMBER OF THE LLC)

Typed or printed name of signee