

L19000 157 661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

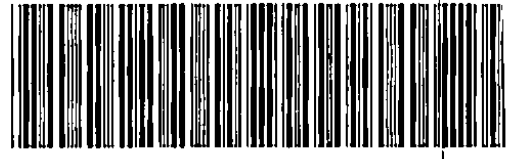
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI
TALLAHASSEE, FL

2019 SEP 30 AM 8:58

OCT 15 2019
U. MISSISSIPPI

TO
ARTICLES OF ORGANIZATION
OF

ON TAP NETWORK 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 JUNE 14, 2019 and as Florida document number 119000157661.

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 "LL

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

REC'D
TALLAHASSEE FL
JUN 15 2019

Enter new mailing address, if applicable:

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida
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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type</u> |
|--------------|-----------------------|-----------------------|---|
| MGR | SHELDON MENDES | 10450 W STATE ROAD 84 | <input type="checkbox"/> Add |
| | | DAVIE, FL 33324 | <input checked="" type="checkbox"/> Rem |
| | | | <input type="checkbox"/> Cha |
| MGR | ROBERT CHARLES MENDES | 10450 W STATE ROAD 84 | <input type="checkbox"/> Add |
| | | DAVIE, FL 33324 | <input checked="" type="checkbox"/> Rem |
| | | | <input type="checkbox"/> Chan |
| MGR | DIGITAL COMM LINK LLC | 10450 W STATE ROAD 84 | <input checked="" type="checkbox"/> Add |
| | | DAVIE, FL 33324 | <input type="checkbox"/> Remov |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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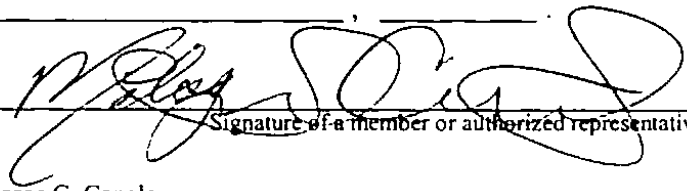
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.02

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

Dated SEPTEMBER 23 2019



Signature of a member or authorized representative of a member

Milagros C. Canals

Typed or printed name of signee