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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations					
alib in oar	ON TAP N	ETWORK LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
			9				
			Name of Person				
		Bryan Law					
			Firm/Company				
	101 NE Third Avenue, Suite 1500						
			Address				
		Fort Lauderdale, FL 33301	l				
	City/State and Zip Code						
		eservice@marlonbryanlaw.					
			to be used for future annual report not	ification)			
For further i	nformation c	oncerning this matter, please co	all:				
Milagros C. Canals		954 383-0303 at (
	Name o	f Person		ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00 I	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)			
		ING ADDRESS:	STREET/COUR				
Registration Section Division of Corporations			Registration Section Division of Corpo				
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive C	enter Circle			
			ZOOT CACCALITY O				

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

ON TAP NETWORK LLC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on JUNE 14, 20	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 "L.l
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	717/1
	AHAS
Enter new mailing address, if applicable:	55
(Mailing address MAY BE A POST OFFICE BOX)	r
	711.2
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here: Name of New Registered Agent:	ords, enter the name
New Registered Office Address:	
Enter Florida street ad	ldress
	, 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. provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 6 being filed to merely reflect a change in the registered office address. I hereby confirm company has been notified in writing of this change.	s, and I am familiar with 05, F.S. Or, if this docum

If Changing Registered Agent, Signature of New Registered Agent

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