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STORY MARKS FOR DATE

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COVER LETTER

TO:	Registration S Division of Co		c	
SUBJE	PW TELE	COMMUNICATIONS LLC		
3004L	C1	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	armittad for Ellina	
		ondence concerning this matter		
		JOSHUA WHEELER		
		JEA TELECOM LLC	Name of Person	
		2208 NW 16TH PLACE	Firm/Company	
		CAPE CORAL FLORIDA	Address	
		jawhceler2015@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
Joshua V	Wheeler		317 626-6762	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	I is a check for th	ne following amount:		
■ \$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PW TELECOMMUNICATIONS	LLC		—·
(Name of the Lim	ted Liability Comps (A Florida Limited	any as it now appears of Liability Company)	1 our records.)
The Articles of Organization for this Limited I	iability Company	were filed on JULY	16, 2019 cand assigned
Florida document number L19000183146	 -		ু নিং ি না
This amendment is submitted to amend the fol	lowing:		ELORE CO
A. If amending name, enter the new name of	of the limited liab	oility company here:	D F
JEA TELECOM LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	JOSHUA WHEEL	ER
rincipal office address MUST BE A STREET ADDRESS) 2208		2208 NW 16TH PL	ACE
		CAPE CORAL, FL	33993
Enter new mailing address, if applicable:		JOSHUA WHEEL	ER
(Mailing address MAY BE A POST OFFICE BOX)		2208 NW 16TH PLACE	
		CAPE CORAL, FL 33993	
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter the name of the new</u>
Name of New Registered Agent:	JOSHUA WHE	EELER	
New Registered Office Address:	2208 NW 16TE	H PLACE	
	Enter Florida street address		street address
	CAPE CORAL		, Florida ³³⁹⁹³
		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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KANE PETERS	1017 MEMORIAL DR SE	
		CEDAR, IA 52403	
			■ Remove
			Change
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ective date, if other than effective date is listed, the date e: If the date inserted in thi ument's effective date on the	s block does not meet the a	pplicable statutory f	(option or more than 90 days after a ling requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed
record specifies a dela ne 90th day after the		t not an effectiv	e time, at 12:01 a	.m. on the earlier
OCTOBER 8	2019	·		
	to shall	authorized representa		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00