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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Nulle Communications, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:
Vicky Parraga Name of Person
Nu-Era Communications UC
529 NW 47th Way
Coconut Creek, FL 33063 City/State and Exp Code
Vicky anveracemmunication. Com /E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vicky Parraga at (954) 802-1643 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. 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

NU-Era Communications, LLC

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

The Articles of Organization for this Limited Liability	Company were	tiled on <u>Ju</u>	429 20	0/9 and	assigne	d
The Articles of Organization for this Limited Liability (Florida document number <u>L 190001923</u>	<u> 18</u>		, ,			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability	company here:				
The new name must be distinguishable and contain the words "Lin	imited Liability Co	ompany," the desig	nation "LLC" or th	ne abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:		n/	'A			
(Principal office address MUST BE A STREET ADD	ORESS)					
	_	<u> </u>				
Enter new mailing address, if applicable:			n/A			
(Mailing address MAY BE A POST OFFICE BOX)	_			34	12.7 12.7	
				5-1-1-1 	<u> </u>	•••
B. If amending the registered agent and/or registered agent and/or the new registered office add			ir records, <u>en</u> 1 A	ter the nan	ie of t	he new
Name of New Registered Agent:			///			
New Registered Office Address:		Enter Florida	street address	7⊁		<u></u>
			Florida			
 -		City	, 1 10/100	Zap Сов	de	
New Registered Agent's Signature, if changing Register	red Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete perf agent as provi red office addi	ormance of my ded for in Cha	duties, and La pter 605, F.S. (m familiar s Or, if this de	with an ocumen	d
		nl A				_
	If Changing	Registered Agent.	Signature of New	Registered A	gent	•

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Vicky Parraga	Address 529 NW 47th Way Coconut Creek, FC 33063	Add
	, 0	·	Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			🗆 Add
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	n I A
Effec	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docui	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) 111	e 90th day after the record is filed.
F .	August 13 mg
Dated	- purcus 13 - 2019
	Wish Pariago
	ignature of a member of authorized representance of a member

Page 3 of 3

Filing Fee: \$25.00