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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| (Boddinent Nomber) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| SUBJECT: | | | |
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| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | <u>Geoff</u> | Name of Person | <u> </u> |
| | | Firm/Company | |
| | 8302 B | Sutler Greenwa | od Drive |
| | West Pa | City/State and Zip Code' | <u> 33411</u> |
| | E-mail address: (t | o be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | ill: | |
| (geet | Rey Schiffing | at (561) 289 | 70184 |
| Name o | Name of Limited Liability Company osed Articles of Amendment and fec(s) are submitted for filing. Firm/Company Solvery Schule Greenwood Prive Address West Palm Beach FC 38411 City/State and Zip Code Limited Liability Company Beguar L. com E-mail address: (to be used for future anneal report notification) mer information concerning this matter, please call: Geothery Schule at 50 290184 Name of Person Area Code Daytime Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | |

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

| Telefonic Holdings, LCC | |
|--|---------------------------------------|
| (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 8/1/19 Florida document number | and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above the second of the s | obreviation "L.L.C. |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | - |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| (Muning duaress MAT BE A FOST OFFICE BON) | |
| | |
| B. If amending the registered agent and/or registered office address on our records, enter the nan | ne of the new registered |
| agent and/or the new registered office address here: | 51 51 |
| | · · · |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street address | *-1 |
| | r. 7. |
| , Florida | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|---|----------------|
| m6R | Micholas Chapman | 10228 W. Stuenkel Pd | |
| | | 10228 W. Stuenkel Pd Frankfort, IL 60423 | 🗀 Remove |
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| It amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| If an effe Note: | ve date, if other than the date of filing: |
| e record ord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated_ | 2/3/21 |
| | moter to lett |
| | Signature of a member of authorized representative of a member |
| | Geoffrey Schiffin Typed or printed name of signee |
| | () () () () () () () () () () |