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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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## **COVER LETTER**

Registration Section Division of Corporations

Twelve Parsecs LLC UBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Bryndee Barton Name of Person Twelve Parsecs LLC Firm/Company 364 N 800 E Address Pleasant Grove, UT 84062 City/State and Zip Code bryndee89@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bryndee Barton Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

|  | All Live Communications  |
|--|--|
| (Name of the Limite  | d Liability Company as it now appears on our records.)<br>A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Lia Florida document number L19000225627 |  |
| This amendment is submitted to amend the follow  | wing:  |
| A. If amending name, enter the new name of   | the limited liability company here:  |
| The new name must be distinguishable and contain the wo                                | ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."           |
| Enter new principal offices address, if applica  | ble:   |
| (Principal office address MUST BE A STREET   | (ADDRESS)  |
|  |  |
| Enter new mailing address, if applicable:  | 2.000  |
| (Mailing address MAY BE A POST OFFICE B  | <u></u>  |
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|  | <u> </u>   |
|  | <u> </u>   |
| agent and/or the new registered office address   |  |
| Name of New Registered Agent:  | <u> </u>   |

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

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

4GR = Manager AMBR = Authorized Member

| <u>`itle</u> | <u>Name</u>   | <u>Address</u>                        | Type of Action |
|--------------|---------------|---------------------------------------|----------------|
| AGR          | Bret Groneman | 6118 S Reseda St                      | □Add           |
|              |               | Gilbert, AZ 85298                     | ■ Remove       |
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| Open                         | rating   | Agre                        | ement                       | - IY                 | xx          | lad         | iŧ                     | NU          | rded        |                                     |             |                                  |
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| effective da<br>te: If the d | e, if other t<br>te is listed, the<br>ate inserted i<br>fective date | date must b<br>in this bloc | e specific an<br>k does not | d cannot<br>meet the | applic      | able sta    | f filing o<br>tutory f | or more the | an 90 days  | optional<br>after filings, this dat | ig.) Pursua | unt to 605.020<br>of be listed a |
| cord specif<br>s filed.      | ies a delayec  | l effective (               | iate, but no                | ot an effe           | ective ti   | me, at 1    | 2:01 a.                | m. on th    | e earlier o | of: (b) - 1                         | The 90th    | day after the                    |
| 9/16/20<br>ed                |  |                             | <del></del>                 |                      |             | ·           |                        |             |             |                                     |             |                                  |
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Filing Fee: \$25.00