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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

Account Number : 075077001654 Phone

: (813)273-4229

Fax Number

: (813)273-4396

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aspire Communications LLC	ted Liability Compa	ny as it now appears on our	records.)			
(italite of the Estit	(A Florida Limited)	iny as it now appears on our liability Company)	,			
The Articles of Organization for this Limited I Florida document number L19000238854	iability Company	were filed on 9/20/2019	•		and as	signed
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:			•	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or	the abbrev	/iation "I	.,L.C."
Enter new principal offices address, if appli	1305 High Hammock D	Prive				
(Principal office address MUST BE A STREET ADDRESS)		Tampa, Florida 33619				
Enter new mailing address, if applicable:	440	1305 High Hammock I	Orive,			
(Mailing address MAY BE A POST OFFICE BOX)		Tumpu, Tiorida 35013	<u></u>	22:3 [7]	202	
B. If amending the registered agent and/or	istand office	address on our records	enter the	ngme:0	C the no	
agent and/or the new registered office addr	registered office	4001633 OH OUT 1600143	, enter the	manac g	<u>ν</u>	·
Name of New Registered Agent:	William M. Sta	ainton			P K	
	201 N. Franklin Street, Suite 2000			E di	9	
New Registered Office Address:	Enter Florida street address					
	Tampa		, Florid	la <u>33602</u>		
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jared Hill	826 Highview Drive	
		Palm Harbor, Florida 34683	\mathbb{R}emove
			□ Change
AMBR	Jason Tello	10446 Gypsy Avenue	□Add
		Weeki Wachee, Florida 34613	≣Remove
			Change
MGR	Stephen Weatherford	1305 High Hammock Drive	DAdd
		Tampa, Florida 33619	□Remove
			■ Change
			DAdd
			Reinove
		<u></u>	
			□Add
			□Remove
			Change
		<u> </u>	□Add
			□Remove
			Change

particularly	set forth in the comp	any's opera	iting agreem	ent.				
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lote; If the date	if other than the distributed, the date must be inserted in this block tive date on the Department.	c does not n	ncet the appl	icable statutor	ng or more than ry filling requi	option 90 days after fi rements, this c	i al) ling.) Pursuant to date will not be	605,0207 listed as
record specifies is filed.	a delayed effective d	ate, but not	an effective	time, at 12:0	l p.m. on the e	earlier of; (b)	The 90th day	after the
ated January I	21/01	·,	2020			•		
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