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## **COVER LETTER**

TO:

FO: Registration Sec Division of Corp	ction porations		
	NETWORKS LLC		· · · · · · · · · · · · · · · · · · ·
SUBJECT:	Nâme of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	٠
Please return all correspo	ndence concerning this matter to	the following:	
	CARDENAS, MANUEL		
		Name of Person	
	ENLACES NETWORKS L	LC	
		Firm/Company	
	3121 PAGODA TRCE		
		Address	-
	LAWRENCEVILLE, GA 3	0043	
		City/State and Zip Code	
	CANDAEXPENSES@GMA		<del> </del>
		o be used for future annual report not	(fication)
For further information of	concerning this matter, please ca	ill:	
ANTONIO COA		561 814-4558 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addro Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327		orporations

Tallahassee, FL 32303

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

company has been notified in writing of this change.

ARTICLES OF		
ARTICLES OF O	RGANIZATION	Cords)
О	F	The state of
ENLACES NETWORKS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re- liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L19000270396	were filed on OCTOBER 29	9, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity.  • performance of my dutie.	s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 Name	Address	Type of Action
MGR	YAZCEMINNE PERDOMO	3121 PAGODA TRCE	<b>≡</b> Add
		LAWRENCEVILLE, GA 30043	□Remove
			□ Change
			□ Add
			□Remove
			Change
			□ Add
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			□Change
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			Remove
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			Remove
			☐ Change
			□Add
			□Remove

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	F 4711		(optional)
ffective date, if other than the date of an effective date is listed, the date must be speciote: If the date inserted in this block document's effective date on the Department.	is not meet the applicable	date of filing or more than 90 e statutory filing requirer	) days after filing.) Pursuant to 605,0207 ments, this date will not be listed as
e record specifies a delayed effec The 90th day after the record is	tive date, but not a filed.	nn effective time, at	12:01 a.m. on the earlier o
DECEMBER 30	2019		
	<del></del>		
	re of a member of authoriz	zed representative of a mem	ber

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Typed or printed name of signee

Filing Fee: \$25.00