L19000296094

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



100351599941

09/08/20--01019--025 **25.00

0020 SEP -8 PH 2: 21

10/B/20

COVER LETTER

.

TO:

TO: Registration Division of (n Section Corporations			
	vide Telecommunications LLC	·	,	
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
	Robert F. Cohen, Esq.			
		Name of Person	<u>.</u>	
		Firm/Company		-
	580 Broad St.		7:	2021
	Bristol, CT 06010	Address	TANASS	2020 SEP -8
		City/State and Zip Code		P
For further information	E-mail address: on concerning this matter, please	(to be used for future annual report notific	ration)	2: 24 2: 24
Robert F. Cohen		860 584-5625		
Nar	ne of Person		Telephone Number	r
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centified	ite of Status &
P.O. Box (on Section f Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Illahassee Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nationwide Telecommunications LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lumted Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12-03-2019}{-}$ and assigned Florida document number 600337657306 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abt reviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
Member	Marisa Voloshin	85 Idlewood Rd Wolcott, CT 06716	<u> </u>
			□Remove
			□ Change
			□Remove
			2000 SEP → Add
			SEP +8 PH 2: 24 Change
			□ Add
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Chango

	2020 Trick
	>: SF (**)
	in the second se
	To R I
	2:
	골드 2
	7
ective date, if other than the date of filing:	(optional)
a effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable s	
cument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, as sfiled.	t 12:01 a.m. on the earlier of: (b) The 90th day after
09/01/2020	
Signature of a member or authorized	