L200000 86109

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

Division of Cor				
SUBJECT:	am Teleci	om LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Deit	ra J Whelar Name of Person	<u> </u>	
	D+m	Firm/Company	C	
	2031 Di	planat Dr. Address		
	Clearwa	HET FL 337	LOY_	
	dm. tele	to be used for future annual report notif	ication)	.: :- :-::
For further information c	concerning this matter, please ca	all:	-	
Deitra Name o	Mhelan of Person	at (331) 289 Area Code Daytime	2232 : Telephone Number	or STATE
Enclosed is a check for the	he 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 Addres	55:	Street Address:		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A		
TO ARTICLES OF O		Land.
ARTICLES OF O		20 1/2
	.	3
<u> </u>		
Name of the Limited Liability Compar	y as it now appears on our records.)	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3-20-2020	and assigned?
Florida document number <u>L2000008 to 109</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "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 a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
MGR	Deitra J Whelan	2031 Diplomat Dr	f\(\overline{\pi}\) Add
		Clearwater, FL 33764	□Remove
			□Change
			□ Add
			□Remove
			DChange
			□Add
			Remove
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			□Change

(If an et Note:	ive date, if other than the date of filing:
docui	ient a effective date on the Department of state a fection.
he reco ord is f	rd 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 led.
Dated	April 14 . 2020.
	M. William
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00