L20000127842

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|-------------------------|--------------------|-----------|
| (R | equestor's Name) | |
| (Ac | ddress) | |
| (A) | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B) | usiness Entity Nam | ne) |
| | | ic, |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| Special managed to | · may Officer. | |
| | J. HOF | RNE |
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Office Use Only



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08/29/23--01012--004 **25.00



COVER LETTER

| TO: Registration Se Division of Cor | | • | |
|--|--|---|---|
| | mmunications LLC | • | a - |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Zafar Khan | | |
| | | Name of Person | |
| | Capanet Communications | LLC | |
| | | Firm/Company | |
| | 9700 SW 72 Ave | | |
| | | Address | |
| | Miami FL 33156 | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | zafaruk65@gmail.com | | |
| For further information c | e-mail address: (| to be used for future annual report no all: | ancation) |
| Zafar Khan | | 305 560-0089 | |
| Name o | f Person | | me Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration | | Street Address: Registration S | ection |
| Division of C | Corporations | Division of Co | orporations |
| P.O. Box 632 Tallahassee, | | The Centre of | Tallahassee roe Street, Suite 810 |
| i ananassee, | ロル フムブ14 | ZHIJ IN. MIDH | oc succi, suite orv |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Capanet Communications LLC

ecords.) (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited I | | y were filed on | and assigned |
|--|---------------------|---------------------------------------|----------------------------------|
| Florida document number L20000127842 | · | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited lia | bility company here: | |
| NA | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | oility Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | NA | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address | registered office | na e address on our records, enter | r the name of the new registered |
| Name of New Registered Agent: | NA | | |
| New Registered Office Address: | NA | | |
| | | Enter Florida street addre | PSS |
| | | | lorida |
| | | 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 |
|--------------|---------------|--|-----------------------------------|
| AMBR | Mirna R. Khan | 9700 SW 72 Ave, Miami, FL., 33156 | = Add |
| | | | □ Remove |
| | | | □Change |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or magnetic. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | (optional) nore than 90 days after filing.) Pursuant to 605.0207 (g requirements, this date will not be listed as t |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. rd is filed. | on the earlier of: (b) The 90th day after the |
| Dated 6 26 23. | //, |
| | M |