L20000132449

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COVER LETTER

CIGANTEL	The Conference of SA 11 C	
SUBJECT: COMM TOC	INNOVATION USA LLC Name of Limited Liability Company	
The enclosed Articles of Amendment a Please return all correspondence conce	•	
AU	AN HARMANI Name of Person	
_CCE	Firm/Company	
<u>455</u>	o S. BARWICK RANCH CIRCLE	
<u>D</u> G	RAY BEACH, FL 33445 City/State and Zip Code	
_ INFO	E-mail address: (to be used for future annual report notification)	
For further information concerning this	s matter, please call:	
ALAN HARMAN Name of Person	at (310) 339 - 9366 Area Code Daytime Telephone Number	
Enclosed is a check for the following a	mount:	
	Filing Fee & S55,00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is encl	
Mailing Address:	Street Address:	

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

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	22 <u>-</u>
N. CN. IN CA. DA.		<u></u> ₩
agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered office	e address on our records, enter the i	name of the new registere
(Mailing address MAY BE A POST OFFICE BOX)		22
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
A. If amending name, enter the new name of the limited lia	ability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L20000132449</u> .		
The Articles of Organization for this Limited Liability Compar	ny were filed on $SEPT 30^{T4}$	2021 and assigned
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.)	

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DEREW PROBERT	401 W. ATLANTIC AVE # 1=3	<u>20</u>
		DELRAY BEACH, FL 33444	Remove
			□Change
			
			□Remove
		<u></u>	Change
		•	DAdd 22 Remove
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ective date, if other than the date of filing: Nov 13 TH 2021 reflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day te: If the date inserted in this block does not meet the applicable statutory filing requirement rument's effective date on the Department of State's records.	rs after filing.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier s filed.	
ed November 16th 2021.	
MOVEMBER 16 TH . 2021. All Harman Signature of a member or authorized representative of a member Typed or printed name of signee	