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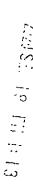
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COVER LETTER

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|---------------------|----------------------------|---|--|----------------------------|---|
| | | ireless LLC | | | |
| SUBJECT: | | | 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: | | |
| | | Pamiya Whitehead | | | |
| | | | Name of Person | | |
| | | StarTek Wireless LLC | | | |
| | | 4-4-1 | Firm/Company | | - |
| | | 7913 Foxcatcher Court | | | |
| | | | Address | | |
| | | | | | |
| | | | 0: 0: 17: 0:1 | | |
| | | Odessa, FL 33556 | City/State and Zip Code | ; | |
| | | | to be used for future annua | l report notific | cation) |
| For further in | formation c | concerning this matter, please c | all: | | |
| Parniya White | ehcad | | 434 81 | 822706 | |
| | Name o | f Person | at () Area Code | Daytime 1 | Telephone Number |
| | | | | | |
| Enclosed is a | check for the | he following amount: | | | |
| ■ \$25.00 Fi | ling Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is en | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mail | ing Addres | ıs; | Street A | Address: | |
| Reg | istration S | Section | Regist | ration Sect | |
| | ision of C . Box 632 | Corporations | | on of Corpo entre of Ta | |
| F.U. | . DUX UJ4 | . 1 | i ne Co | chue of 1a | nanassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| StarTek Wireless LLC | | 18: 12 FII 1:13 |
|--|--|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L20000225317 | were filed on 7/29/2020 | 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 Liabi | lin Community and Assistantian MIT Community | - W. L. C. Y. |
| Enter new principal offices address, if applicable: | 7913 Foxcatcher Court | aboreviation "L.L.C. |
| (Principal office address MUST BE A STREET ADDRESS) | Odessa, FL 33556 | |
| Enter new mailing address, if applicable: | 7913 Foxcatcher Court | |
| (Mailing address MAY BE A POST OFFICE BOX) | Odessa, FL 33556 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | nddress on our records, <u>enter the n</u> e | ame of the new registere |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | 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 \$2.112 Pil 1:13 | Type of Action |
|--------------|------------------|---------------------------------------|----------------|
| MGR | Joseph Whitehead | 615 Etheridge Road | = Add |
| | | Chesapeake, VA 23322 | □Remove |
| | | | □Change |
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| Bleece |)th day after th |
| Signature of a member or authorized representative of a member | |
| Signature of a member or authorized representative of a member | |
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Filing Fee: \$25.00