## L20000737425

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## COVER LETTER

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SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		DONNAREE A WALFOR	RD		
			Name of Person	t notification)  36  aytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		DONNAREE'S TELE-CO	NNECT		
			Firm/Company		
		4165 PINELLA CIR APT	375		
			Address	<del></del>	
		PALM BEACH GARDEN	IS FLORIDA 33410		
			City/State and Zip Code	<del> </del>	
		DONNAREEWALI@GMA			
For furthe	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	tification)	
DONNA	REE WALFOR	D	561 860-3886		
	Name o	f Person		ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
	Mailing Addres Registration S		Street Address: Registration S	ection	
Division of Corporations			Division of Co	prporations	
	P.O. Box 632		The Centre of		
	Fallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2020 AUG 31 FM 4: 38

DONNAREE'S TELE-CONNECT L.L.C.

(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 Liability C Florida document number 120000237425	ompany were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here:				
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	PESS)				
Enter new mailing address, if applicable:		·			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
<del></del>	, Florid	a Zip Code			
	CO	zin Coae			

## 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
OWNER	DONNAREE A WALFORD	4165 PINELLA CIR APT 375 PBG FI. 33410	<b>=</b> Add
			□Remove
			□ Change
MRG	DONNAREE A WALFORD	4164 PINELLA CIR APT 375 PBG FL 33410	<b>3</b> Add
			🗆 Remove
			🗆 Change
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cord specifies a s filed.	delayed effecti	ve date, but no	ot an effective	time, at 12:01	a.m. on the ec	ırlier of: (b)	The 90th da	y after the
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