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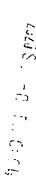
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Hermes Ne	etwork LLC		•
SOBJECT.		* Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ondence concerning this matter	to the following:	
		Cesar Salgado		
			Name of Person	
		Hermes Network LLC		
			Firm/Company	
		3493 Alec Dr		
			Address	
		Middleburg, FL, 32068		
			City/State and Zip Code	
		ciasolex@gmail.com		
		E-mail address: (to be used for future annual report no	Hification)
for further i	nformation c	concerning this matter, please co	all:	
Cesar Salga	do		904 899-3735	
	Name o	d Person	Area Code Dayt	ime Telephone Number
inclosed is	a check for t	he following amount:		
■ \$25.00 I	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)
Re Di P.C	niling Addressistration: Substitution of Co. Box 632 Hahassee,	Section Forporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hermes Network LLC (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 Company were filed on 8/17/2020 and assigned Florida document number $\frac{1.20000250746}{1.20000250746}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	E: Type of Action
MGR	Cesar Salgado	3493 Alec Dr. Middleburg, Fl., 32068	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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	pecifies a delayed effective d	ate, but not an eff	ective time	, at 12:01 a.i	m, on the earl	ier of: (b)	The 90th day	y after the
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