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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVER BLUFF COMMUNICATIONS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

MAR - 8 2021

M. SCLOURT

ARTICLES OF AMENDMENT

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ART	ICLES OF C	RGANIZATION		
/	O	F		
i				
•		NUNICATIONS LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now sopers on our records.) Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on FBBRUARY 01ST	OF 2021 and assigned	
Florida document number L21000054885	,			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the	vords "Limited Liabi	lity 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)		2250 SW 25TH STREET	2021	
		MIAMI, FLORIDA. 33133	=	
			257 20	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2250 SW 25TH STREET	15. p	
		MIAMI, FLORIDA. 33133	PH 12: 0	
		MIANU, FEORIDA. 33133	_ 	
	•			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records, <u>enter t</u>	he name of the new registere	
Name of New Registered Agent:	BEATRIZ J GONZALEZ			
New Registered Office Address:	2250 SW 25TH STREET			
CONTRACTOR OF THE PARTY.		Enter Florida street address		
	MIAMI	. Mo	rida ³³¹³³	
		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.

City

te 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

Title	Name	Address	Type of Action
AMBR	BEATRIZ J GONZALEZ	2250 SW 25TH STREET	
_ -		MJAMI, FLORIDA. 33133	
			■ Change
			①Add
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00