L31000087995

(Re	questor's Name)
(Ad	dress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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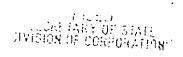
COVER LETTER

TO: Registration Section
Division of Corporations

	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Richard Jay Brown	Name of Person	
	Addtel Communications, L	.LC	
		Firm/Company	
	1917 SE 17TH Place	Address	
	Cape Coral, FL	City/State and Zip Code	
	33990 E-mail address: (1	to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
Richard Jay Brown Name of	f Person	at (<u>612</u>) <u>709-6814</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR 12 PH 12: 29

Addtel Communications, 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 February 22, 2021 and assigned Florida document number <u>L21000087995</u> 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

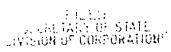
New Registered Agent's Signature, if changing Registered Agent:

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.

____, Florida ___

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



21 MAR 12 PM 12: 29

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Jay Brown	1917 SE 17TH Place	≣Add
			□Remove
			Change
			□Remove
		<u> </u>	□Change
			□Remove
			□Change
			□Add
			□Remove
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effective date is l :: If the date in	other than the da listed, the date must be nserted in this block we date on the Depa	specific and cann does not meet t	the applicable s	of filing or more the atutory filing requ	(option in 90 days after fi direments, this c	ling.) Pursuant to	605.02 listed
ord specifies a filed.	delayed effective d	ate, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day a	ifter th
d March 10	e J. J	. 20					

Filing Fee: \$25.00