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COVER LETTER

TO:

A		NDT COMMUNICATIONS, L	LC	
SUBJEC	ZI:	Name of Limi	ited Liability Company	
The encl	BIECT: REMBRANDT COMMUNICATIONS, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: DANIELLE PEYNADO Name of Person BRICK BUSINESS LAW, P.A. Firm/Company 3413 W FLETCHER AVE Address TAMPA, FL 33618 City/State and Zip Code DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: ANIELLE PEYNADO Name of Person Area Code Daytime Telephone Number colosed is a check for the following amount: See S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)			
Please re	etum all correspo	Address: Address: Address: Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Address: ation Section Registration Section Division of Corporations		
		DANIELLE PEYNADO		
	DANIELLE PEYNADO BRICK BUSINESS LAW, P.A. Firm/Company 3413 W FLETCHER AVE Address TAMPA, FL 33618 City/State and Zip Code DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: SELLE PEYNADO Name of Person Area Code Daytime Telephone Number			
		REMBRANDT COMMUNICATIONS, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. BRICK BUSINESS LAW, P.A. Firm/Company 3413 W FLETCHER AVE Address TAMPA, FL 33618 City/State and Zip Code DANIELLE.PEYNADO@BRICK.BUSINESSLAW.COM E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: PEYNADO Name of Person Area Code Daytime Telephone Number Check for the following amount: Ling Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Ing Address: Street Address: Registration Section Siston of Corporations Box 6327 The Centre of Tallahassee		
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. Enclosed Articles of Amendment and fee(s) are submitted for filing. DANIELLE PEYNADO Name of Person			
		REMBRANDT COMMUNICATIONS, LLC Name of Limited Liability Company		
		TAMPA, FL 33618		
City/State and Zip Code				
		_		(mation)
For furth	ner information c			icationy
		-		
			at ()	Telephone Number
Enclosed	d is a check for th	ne following amount:		
≡ \$ 25.	.00 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
				rtion
			—	
	P.O. Box 632	2.7		
	Tallahaceae			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMBRANDT COMMUNICATIONS, LLC		
(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 L21000201514	were filed on 05/05/2021 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:	
_		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.I.C" or the abbreviation "L.I.C."	
Enter new principal offices address, if applicable:	12157 W. LINEBAUGH AVE	
Principal office address MUST BE A STREET ADDRESS)	SUITE #787	
Tructum office address MOST BE MISTIMET MEDICES	TAMPA, FL 33626	
Inter new mailing address, if applicable:	12157 W. LINEBAUGH AVE.	
Mailing address MAY BE A POST OFFICE BOX)	SUITE #787	
Mutting dataress MAT BE AT OUT OF THEE BOX	TAMPA, FL 33626	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new regist</u>	
New Registered Office Address:	Enter Florida street address	
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.

City

Zip Code

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		 	
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Note: If the date inserted in th	o5/12/2021 (optional) the date of filing: the must be specific and cannot be prior to date of filing or more than 90 days after filing his block does not meet the applicable statutory filing requirements, this date the Department of State's records.) Pursuant to 605.0207
e record specifies a delayed efferd is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Th	c 90th day after the
Dated MAY 12	2021	
Toleria &	Signature of a member or authorized representative of a member	
	Cimpating of a member or authorized correcentative of a member	. 1
V	Signature of a memore of authorized representative of a memore	

Filing Fee: \$25.00