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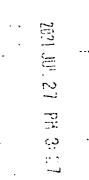
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Cor						
	Ó ORLANDO COMMUNICA	TIONS LLC	٠	`		
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ROSI ALVES					
		Name of Person				
	TRUST SOLUTION TAX	& BOOKKEEPING	LLC			
		Firm/Company		,		
	7350 FUTURES DR SUIT	TE 9				
	.	Address				
	ORLANDO - FL - 32819					
		City/State and Zip Co	ode			
	ROSI@TRUSTSOLUTION					
	ri-mail address: (to be used for future and	nual report notificati	on)		2621
For further information c	oncerning this matter, please c	all:); [==
ROSI ALVES		407 at ()	705-9147			27
Name o	of Person	Area Code	Daytime Tel-	ephone Number		;
Enclosed is a check for the	ha fallassina apassati					÷ 92 ⊗
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	y	S60.00 Fill Certificate Certified (additional)	c of Sta Copy	atus &
Mailing Address Registration	Section	Regi	et Address: istration Section			
Division of Corporations P.O. Box 6327			ision of Corpora			
Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPRESSO ORLANDO 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 of Florida document number <u>L21000282968</u> .	were filed on 06/17/2021	and a	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	bbreviation "	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)				
	EXPRESSO ORLANDO COMMUNICATIONS LLC			
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the nan</u>	ne of the n		
Nau Baristavad Offica Addrass			7 . · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address , Florida	· : . ~	· .> .1	
	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.

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
AMBR	BRUNO BARQUETTI		□Add
			□Remove
			■ Change
			□Add
			□Remove
			□Change
			☐Remove
			Change
			□Remoye
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			e= (1)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE, ADD EIN NUMBER - 87-1272445 (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 09 JULY 2021 Signature of a member or authorized representative of a member CAROLINA BARROSO AHMED

Filing Fee: \$25.00

Typed or printed name of signee