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SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	able Communication LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	Ţ.		
	Filing Angela	te the terroring.		
		Name of Person		_
	ZenBusiness, Inc.			
		Firm/Company		-
	5511 Parkerest Drive, STF	; 103		2022 AUG 19 2022 AUG 19 SECRETARY
		Address		1.96 1.96
	Austin, TX 78731			ະທີ່ <u>ພ</u>
		City/State and Zip Code		AM 9:
	fulfillment@zenbusiness.cc F-mail.address: (on to be used for future annual report notif	leation)	: <u>18</u>
For further information c	concerning this matter, please c			
Filing Angela		844 493-6249 at ()		
Name o	of Person		: Telephone Number	r
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Registi Divisk	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 1.21000408576	mpany were filed on $\frac{9/15/2021}{}$ and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	<u>d liability company here</u> :
The new name must be distinguishable and contain the words "Limi	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17. TAC
(Principal office address MUST BE A STREET ADDR	SS)
	HASSEE.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:	red office address on our records, <u>enter the name of the ss here:</u>
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered	·
I hereby accept the appointment as registered agent a	nd agree to act in this capacity. I further agree to comply w

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Rhojel Roberts	3148 Logan Berry dr Mount Dora, FL 32757	∃ Add
			Remove
			☐ Change
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			2023 AUG SECRETA
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Mective date, if other than the an effective date is listed, the date mutote: If the date inserted in this bocument's effective date on the E	e date of filing: st be specific and cannot be prior to date of filing or n lock does not meet the applicable statutory filin department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0207 ng requirements, this date will not be listed as
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective toord is filed.	time, at 12:01 a.m. on the earlier o
ated	2022	
/s/ Nelecia Jackso		e of a member
Nelecia Jackson		

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