## Florida Department of State Division of Company

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(((H220003591083)))



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To:	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	
**Enter an	r the email address for this business entity to be used nnual report mailings. Enter only one email address plea	for future ase.**
Em	mail Address:	
••••••	LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATE AND CABLE LLC	GN
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABC Satellite and Cable LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	<del></del>
The Articles of Organization for this Limited Liability Company were Florida document number L21000477733		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the	abbreviation "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)		
Truthing induress state DE 11 1051 01.1105 0019		.=
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	ss on our records, enter the na	_
igent and/or the new registered office address here.		2022 OC
Name of New Registered Agent:		
New Registered Office Address:		20 G F >
	Enter Florida street address	<b>AH 10:</b>
		<u> </u>

## 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

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
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		St. Petersburg, FL 33702	□Remove
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-	.,,				J. F.			
Note: If the	date, if other than the we date is listed, the date mus he date inserted in this blows effective date on the De	ock does not r	ncet the appli	icable statutory	g or more than 96 7 filing requirer	(optional) days after filing nents, this date	.) Pursuant to 605 will not be liste	.0207 ( ed as t
e record sp ord is filed.	ecifics a delayed effective	e date, but not	t an effective	time, at 12:01	a.m. on the ear	lier of: (b) T	ne 90th day afte	r the
Dated O	ctober 19		2022	. <u> </u>				
		-	Rilm	T26.				
		Signature of a	member or aut	nortzed represei	mative of a memi	er		

Filing Fee: \$25.00