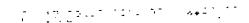
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(Requ	estor's Name)	
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Office Use Only



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A. RIVERS

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: RO	LAND CABLET	Teck icc	
	Name of Lim	iited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROLANDI	ABRAHINTE Name of Person	
		Firm/Company	
	2109 1	U SITKA ST	
		Address	
	TAM.	PA FL 33C City/State and Zip Code	504
	,	City/State and Zip Code	
	E-mail address:	TAMPA 'Q YAHOO' to be used for future annual report notif	COM
For further information c	oncerning this matter, please ca	-	icanony
ROFANI Name o	D ABRAHANTI FPerson	at ( <u>213</u> ) <u>728</u> - Area Code Daytime	7029 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/COLANIO CAP	KETECK · UC	<del></del>		
( <u>Name of the Limited Liab</u> (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number		and	assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
	FIBERLINK LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	breviation	"L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		≨s	202	
B. If amending the registered agent and/or register		e of the	new reg	isterec
agent and/or the new registered office address here	<b>:</b>	전문 건물	PR -	00.04 P P P
		SSA	-1	1
Name of New Registered Agent:		171c_	<del></del> _	1:1
New Registered Office Address:		10 JF	<u>13</u>	
	Enter Floridu street address	šä	<b>ન</b>	
	, Florida	_		
	City	Zip Co	de	

## 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>	Name	Address	Type of Action
-		<del></del>	□Add
			□Remove
		□Change	
		□Add	
		□Remove	
			□ Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
		□ Change	
			□Add
		□Remove	
		□ Change	
		□Add	
		□Remove	
			Change

ii amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>-</u>	
<u>Note:</u> If t	date, if other than the date of filing: \( \frac{9-12-203}{2-2003} \) (optional) we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record sp d is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
oated	4-12 2023
	Signature of a member or authorized representative of a member
	ROLANDO ABRAHANTE
	$I/I/I = A_{2} \cdot A_{3} \cdot A_{4} \cdot A_{5} \cdot A_{5$

. . .

Filing Fee: \$25.00