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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Contillation of Change	
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COVER LETTER

TO: Registration So Division of Con			
	OMMUNICATIONS, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	SCOTT STENZEL		
		Name of Person	
		Firm/Company	
	15514 LAKE BURNETT	SHORE CT	
		Address	
	WINTER GARDEN, FLO	PRIDA 34787	
		City/State and Zip Code	
	SCOTTSTENZEL@GMAI		· ** * * *
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	itication)
SCOTT STENZEL	,	321 663-6979	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 2022 APR -5 AM 6: 49 **OF**

KUMO COMMUNICATIONS, LLC

SECRETARY OF STATE

(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 Compa	ny were filed o	n MARCH 11, 2022	and assigned
Florida document number L22000125488			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability compai	ny here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company,	the designation "L1,C" or the ab	breviation "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)			
Mulling undress mar BE A FOST OF FICE BOAY			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on o	our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
	City	, Florida	20. C. 4.
New Registered Agent's Signature, if changing Registered Age			хір Соде
· — · · · · · · · · · · · · · · · · · ·		ur creat	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performand is provided for	ce of my duties, and I am f in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	SCOTT STENZEL	15514 LAKE BURNETT SHORE CT	□ Add
		WINTER GARDEN, FL 34787	■Remove
			□ Change
MGR	MARC BARRIGER	3138 HOLLAND DR	□Add
		ORLANDO, FL 32825	= Remove
			
			□Add
			Remove
			□Change
			□Add
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		<u></u>	□Add
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ective date, if other than the	date of filing:		(optional)	
effective date is listed, the date mus e: If the date inserted in this blo	be specific and cannot be price		e than 90 days after filing.)	
ument's effective date on the De	partment of State's record	S.	requirements, this date v	viii not oc nated as
cord 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
s filed.				
MARCH 30	2022			
ed	·			
SMI S				
	Signature of a member or aut	horized representative of	f a member	
SCOTT STENZEL				

. .

Filing Fee: \$25.00