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## **COVER LETTER**

Division of	f Corporations .					
E & K SUBJECT:	COMMUNICATION SOLUTIONS, LLC					
Name of Limited Liability Company						
The enclosed Article	es of Amendment and fee(s) are submitted for filing.					
Please return all corre	respondence concerning this matter to the following:					
	KRIAN BLAIR-INGRAM					
	Name of Person					
	E & K COMMUNICATION SOLUTIONS, LLC					
	Firm/Company					
	253-20 CRAFT AVE.					
	Address					
	ROSEDALE, QUEENS NY11422					
	City/State and Zip Code ekcommunicationss@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, please call:					
KRIAN BLAIR-ING	GRAM 718 7376472					
Nan	ne of Person Area Code Daytime Telephone Number					
Enclosed is a check fo	or the following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  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

E & K COMMUNICATION SOLUTION						
(Name of the Limited Lia (A Flo	bility Compa rida Limited	any as it n Liability C	ow appears on our company)	r records.)		
The Articles of Organization for this Limited Liability Florida document number L22000314179		and assig	_ and assigned			
This amendment is submitted to amend the following	;					
. If amending name, enter the new name of the li	imited liab	oility con	<u>ipany here</u> :			
I/A						
ne new name must be distinguishable and contain the words "I	limited Liabi	lity Compa	iny," the designation	n "LLC" or	the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STREET ADDRESS)		N/A			<del> </del>	
		N/A			-	
Inter new mailing address, if applicable:		N/A				
Mailing address MAY BE A POST OFFICE BOX)		N/A		<del></del>	······································	
		N/A				
THE STATE OF THE S	: in Blair-Ingr	ram			name of the new r	egiste
New Registered Office Address: 1235	3 45th Street	i, Bi:D A	ach Tree	. KBI		
	.ala k <del>1 Palm Beac</del>	VDI	Enter Florida street	address . Florid	34472 a 33407	KBI
w Registered Agent's Signature, if changing Register	red Agent:	City		_	Zip Gode	
hereby accept the appointment as registered agen ovisions of all statutes relative to the proper and except the obligations of my position as registered wing filed to merely reflect a change in the register company has been notified in writing of this change	complete <sub>l</sub> agent as p red office i	performe rovided	ance of my duti for in Chanter	es, and I 605 F.S	am familiar with a	ind

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>	Name	Address	Type of Action
AMBR	KIRAN BLAIR-INGRAM	253-20 CRAFT AVE	□Add
		ROSEDALE QUEENS NY11422	□Remove
			<b>⊞</b> Change
AMBR KRIAN BLAIR-INGRAM	KRIAN BLAIR-INGRAM	253-20 CRAFT AVE	≣Add
		ROSEDALE QUEENS NY11422	□Remove
			□Change
			□Add
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