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COVER LETTER

	TBER SPLICING LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
. -				
BLAKES FIBER SPLICING LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: PAMELA MCKINNEY, CPA PAMELA R MCKINNEY, CPA Firm/Company 3433 E GULF TO LAKE HWY Address INVERNESS, FLORIDA 34454 City/State and Zip Code PAMMCKINNEYUS@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Name of Person Name of Person Area Code Daytime Telephone Number melosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status & Certificed Copy Certificate of Status & Certificed Copy Certificate of Status & Certificed Copy Certificate of Status & Certificed Copy				
	LAKES FIBER SPLICING LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. PAMELA MCKINNEY, CPA PAMELA MCKINNEY, CPA PAMELA R MCKINNEY, CPA Firm/Company 3433 E GULF TO LAKE HWY Address [INVERNESS, FLORIDA 34454 City/State and Zip Code PAMMCKINNEYUS@GMAIL.COM E-mail address: (to be used for future annual report notification) Pamention concerning this matter, please call: KINNEY Name of Person Area Code Certificate of Status Certified Copy (additional copy is enclosed) PAMICES: Street Address: Registration Section Division of Corporations Box 6327 The Centre of Tallahassee			
	BLAKES FIBER SPLICING LLC Name of Limited Liability Company Del Articles of Amendment and fee(s) are submitted for filing. PAMELA MCKINNEY, CPA PAMELA MCKINNEY, CPA PAMELA R MCKINNEY, CPA Firm/Company 3433 E GULF TO LAKE HWY Address INVERNESS, FLORIDA 34454 City/State and Zip Code PAMMCKINNEYUS@GMAIL COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: MCKINNEY Name of Person Area Code Daytime Telephone Number sta check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: gistration Section insiston of Corporations O. Box 6327 The Centre of Tallahassee			
	Firm/Company			
	3433 E GULF TO LAKE HWY			
•		Address		
	INVERNESS, FLORIDA	34454		
•		City/State and Zip Code		
•			afication)	
For further information c	oncerning this matter, please c	all:		
PAMELA MCKINNEY				
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ection	
rananassee, i	「L 34314	2413 N. MOUR	ne succi, saite ort	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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ARTIC	CLES OF A	MENDMENT		
	TO		_	
ARTICL		RGANIZATIO	N ZI	1. 165
	OF			728 C
			1/1//	W28 PM Q. 48
BLAKES FIBER SPLICING LLC	iability Company	as it now annears on o	ار): (ur records	C. C
(Name of the Limited Li (A Fi	lorida Limited Lia	bility Company)		1000
The Articles of Organization for this Limited Liabili	ity Company w	vere filed on 07/20/20)22	and assigned
_	ny Company n	ere med on		
Florida document number L22000321609	 ·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited <u>liabili</u>	ty company here:		
RED LIGHT SPLICING LLC				
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	::			
(Principal office address MUST BE A STREET A				
Trincipal office address Most Bu / ISTN281/13	<u>55112557</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	V)			
mining dances stat be at our of the box	<u>, ,</u>			
B. If amending the registered agent and/or regist	tered office ad	dress on our record	ls, <u>enter the na</u>	ime of the new registered
agent and/or the new registered office address he	ere:			
-				
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida sti	reet address	•
			, Florida _	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag				
provisions of all statutes relative to the proper a accept the obligations of my position as registere	na compiete pe ed avent as pr	erjormance oj my a ovided for in Chapi	er 605, F.S. O	n jammar wan ana Ir, if this document is
being filed to merely reflect a change in the regis	stered office a	ddress, I hereby co	nfirm that the	limited liability
company has been notified in writing of this char				
•				
•				

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

	internation	
AMBR	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR →	BRIAN BLAKE	2377 E HAYES ST	= Add
		INVERNESS, FL 34453	□Remove
	·		□ Change
AMBR	FORREST QUANEY	124 LAZY CREEK RUN RD	□Add
		TALLAHASSEE, FL 32303	■Remove
	:		
			□ Add
			□Remove
			Change
			□Add
			□Remove
	•		□ Change
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			Change
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			□Remove
			□Change

. If am	nending any other informa	tion, enter ch	ange(s) nere.	(Anach auamon	in sneem, y need	.5541) .7	
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(If an ef	effective date, if other than the effective date is listed, the date must lift the date inserted in this blument's effective date on the D	t be specific and o ock does not me	cannot be prior to eet the applicab	date of filing or mor le statutory filing	(option of the contract of the	filing.) Pursuant to 605	.0207 (3 ed as th
he reco ord is f	ord specifies a delayed effectiv filed.	e date, but not a	in effective time	e, at 12:01 a.m. or	the earlier of: (b) The 90th day after	r the
Dated	JUNE 22ND		2023				
Date	·			•			
٠		Signature of a m	ember or authoric	ed representative o	fa member		
		Signature of a m	emper or aumorr	.ca representative o	a memoer		
	PAMELA MCKINNEY	, CPA					

Filing Fee: \$25.00