## 112000361946

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24.607.13 to 5:39

## **COVER LETTER**

	istration Se sion of Cor				
SUBJECT:	Fiber Throv	w #1 Aerial, LLC			
SOBJECT.	-	Name of Lin	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Kenson Sadeau			
			Name of Person		
		Fiber Throw #a Aerial, LL	C		
			Firm/Company		
		15323 74th St N.			
			Address	<del></del>	
		Loxahatchee, FL 33470			
			City/State and Zip Code		
		Larosegayle@gmaileom			
For further in	formation c	n-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	otification)	
Kenson Sade	an		561 853-7049		
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		Street Address:		
_	istration S ision of C	Section forporations	Registration Section Division of Corporations		
	. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fiber Throw #1 Aerial, LLC

(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number L22000381946	e filed on 8/30/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	Company," 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)	デル ゆ 
_	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

## 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Eugene St. Phar	15323 74th St. N Loxahatchee, FL	<b>=</b> Add
			□Remove
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	<u>-</u>		□Add
			□Remove
			□Change
			□Remove
			□Change

ffective date, if other than the date of filing:    10/11/2024					<u> </u>	
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