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| Special Instructions to Fi | ling Officer: | |
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Office Use Only

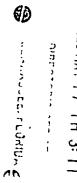


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COVER LETTER

| TO: Registration Sect Division of Corpo | | : | ; |
|--|--|---|--|
| SUBJECT: Fi | ber Point | LLC ted Liability Company | |
| | Name of Camb | сса глаонну Сотрану | |
| The enclosed Articles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please return all correspond | dence concerning this matter t | to the following: | |
| | Ada | m C. Samb | 15 |
| | F;} | Per Point LL Firm/Company | C |
| | 222 He | ritage Isles | WAY |
| | Bradenton | City/State and Zip Code | 212 |
| | E-mail address: (t | 3LIS O Vevi 20 o be used for future annual report notifi | N. Net |
| For further information cor | ncerning this matter, please ca | all: | |
| Adam G Name of 1 | Samblis Person | at (<u>407</u>) 760 Area Code Daytime | - 100 5 Telephone Number |
| Enclosed is a check for the | 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 Address: Registration So | | Street Address: Registration Sec | tion |

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

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

| Fiber Point | LLC | | _ |
|--|---|---|--|
| (Name of the Limited Liability Compa- (A Florida Limited L. | ny as it now appears on liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 0002252</u> 5252. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi | _ | 05/08/2023and | assigned |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the design | nation "LLC" or the abbreviation | r"L.L.C." |
| Enter new principal offices address, if applicable: | | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | | <u></u> | H T |
| | | • = : • • • • • • • • • • • • • • • • • • • | |
| | | in the second | _ [|
| Enter new mailing address, if applicable: | | Mun Mun | |
| ., ., | | | ය |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 3 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our recor | ds, enter the name of the | new registered |
| New Registered Office Address: | Enter Florida s | areet address | |
| | | Florida | |
| | City | Zip Ce | ode |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my provided for in Chap | duties, and I am familiar oter 605, F.S. Or, if this a | with and ocument 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> | Address | Type of Action |
|--------------|-----------------|-------------------------|----------------|
| mor | Julie Samblis | 222 Heritage Isles WAY | i X Add |
| | | Bradenton FL 34212 | □Remove |
| | | | □Change |
| AMBR | Adam G. Samblis | 222 Herritage Islas WAY | □Add |
| | | Bradenton FL 34212 | □Remove |
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| fan ef <u>Note:</u> | tive date, if other than the date of filing: |
| reco d is f | rd 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 iled. |
| ated | O5/17/2 . 2023. Clar & Dalla Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | A clara G. Samblis Typed or printed name of signee |
| | |

Filing Fee: \$25.00