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SUBJECT:	C&R Fiber				
SOBJECT:		Name of Li	mited Liability Company		
The enclosed	l Articles of	Amendment and fec(s) are su	bmitted for filing.		
		ondence concerning this matte			
		Carlos Davila			
			Name of Person	 -	
		C&R Fiber Ops			
	Firm/Company				
		26154 NW 166th Ave			
			Address		
		High Springs, Florida 326	543		
			City/State and Zip Code		
		highspeedfiberopticsfl@gn	nail.com		
		E-mail address:	to be used for future annual report notifica	tion)	
For further in	formation co	oncerning this matter, please c	all:		
Carlos Davila	l 		352 2135807		
	Name of	Person	\	elephone Number	
Enclosed is a d	check for the	e following amount:		25 CO 1. CO	
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feet S10 S2 Certificate of Status & S3 Certified Copy (additional copy is enclosed).	
	ng Address:		Street Address:		
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	hassee. Fl		The Centre of Talla 2415 N. Monroe St		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&R Fiber Ops LLC (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 Company were filed on 07/19/2023 _ and assigned Florida document number L23000341032 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: High Speed Fiber Optics LLC The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida City

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 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
MGA	Rebecca J. Lyons	26154 NW 166th Ave	
		High Springs FL 32643	
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September 18th tted	. 2024		
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