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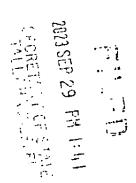
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COVER LETTER

TO:	Registration Secti Division of Corpo	on rations	* * *	•	•
SUBJ	ест:	Name of Lim	ited Liability Company		
The er	iclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
		Rober Com 40 Lot	Name of Person MRL L Firm/Company TIE LUUP Address City/State and Zip Code	FREE S	SECRETARIAN SEP 29 PM LIPART, 32439
		E-mail address: (to be used for future annual report notif	Signation) SMQ 1	1. Com
For fu	rther information cond	cerning this matter, please ca	all:		
R	obert K Name of Po	45.CY	at: at (706) 32 Appea Code Daytime (704) 54	9-589 e Telephone Number $0.00-950$	6 and/or
Enclos	sed is a check for the f	following amount:		\	
□ S2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional cop)	of Status & oppy

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

COMM BL,	LLC			
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on ou ability Company)	r records.)		•
The Articles of Organization for this Limited Liability Company we florida document number <u>L23200419</u> .36	vere filed on	8/202	3 and a	issigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designati	on "LLC" or the abbre		L.L.C."
Enter new principal offices address, if applicable:		min-	202]	
Principal office address MUST BE A STREET ADDRESS)		2岁	SE	Th
		: - T] 	25	-F
		1.0	0	
nter new mailing address, if applicable:		internation	::E	,
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ldress on our records	, enter the name o	f the n	ew registe
Name of New Registered Agent:		 -		
New Registered Office Address:				
	Enter Florida stree	t address		
		, Florida		
	City		Zip Code	е

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, 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
MGR	Robert Kyser	HO LOTTIE LOOP FREEPORT, FL 3243	2 XAdd
			□Remove
			_ DChange
		SEC TALL	202 FAdd
			_ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 tory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	
Robert Kyser Robert Kyser Robert Kyser Typed or printed name of s	

and the second