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COVER LETTER

TO:

Tallahassee, FL 32314

	on Section of Corporations		
D&G	Cable Splicing LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sub	Porations e Splicing LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Gary Pinson Name of Person D&G Cable Splicing Firm/Company 2121 W Ivy St. Address Tampa FL. 33607 City/State and Zip Code garypinson@hotmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
	Gary Pinson		
		Name of Person	
	D&G Cable Splicing		
	- 	Firm/Company	
	2121 W Ivy St.		
		Address	. ,
	Tampa FL, 33607		
		City/State and Zip Code	
	<u> </u>	To be and the forms amount most not	iliantion
For further informa	ttion concerning this matter, please of		meann
Gary Pinson			
,	lame of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	s for the following amount:		
■ \$25.00 Filing I		Certified Copy	Certificate of Status & Certified Copy
Mailing A	<u>address:</u> tion Section	Street Address: Registration Se	ection
Division	of Corporations	Division of Co	rporations
P.O. Box	x 6327	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&G Cable Splicing LLC				
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/08/2023	an	d assign	ied
lorida document number L23000544625				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
G&D Cable Splicing LLC				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	: abbreviatio	on "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 offic		24.	2112	
3. If amending the registered agent and/or registered office	e address on our records, enter the na	ame of the	e new ro	<u>egister</u>
gent and/or the new registered office address here:		:		
		()	 :	•
Name of New Registered Agent:			 _	
1007 411			. <u>.</u>	
New Registered Office Address:	Enter Florida street address		٦	
		•-	ŕ	
·	, Florida	Zip C	anda.	
	City	zip (cae	

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
			□Add
			□Remove
			□Change
			\ _Add
			□Remove
			Change
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			Remove
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Effective 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 or more than 90 days after filing.) Pursuant to 605.0207 Actes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as focument's effective date on the Department of State's records. Frecord 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 d is filed. Dated December 12th 2023 Signature of a member or authorized representative of a member					 .				_
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Filing Fee: \$25.00