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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

| InfoCom V<br>SUBJECT:           | Vorldwide, LLC                               |  |          |
|---------------------------------|--|--|----------|
| SOBJECT:                        | Name of Lim                                  | nited Liability Company  |          |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | omitted for filing.  |          |
| Please return all correspo      | ondence concerning this matter               | to the following:  |          |
|                                 | Nathan Ayers                                 |  |          |
|                                 |  | Name of Person   |          |
|                                 | InfoCom Worldwide, LLC                       |  |          |
|                                 |  | Firm/Company   |          |
|                                 | 21856 Arriba Real 5F                         |  |          |
|                                 |  | Address  |          |
|                                 | Boca Raton, Florida, 3343                    | 3  |          |
|                                 |  | City/State and Zip Code  |          |
|                                 | naprimarycontact@gmail.co                    |  |          |
|                                 |  | to be used for future annual report notification)  |          |
| For further information c       | concerning this matter, please co            | all:   | allandi. |
| Nathan Ayers                    |  | all:  33433 (540) 312-8312 FORE TO Area Code Daytime Telephone Number 10 3   | ,        |
| Name o                          | f Person                                     | Area Code Daytime Telephone Number 10 w  |          |
| Enclosed is a check for the     | he following amount:                         | PH 1: 2  | e me     |
| ■ \$25.00 Filing Fee            | S30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certified Copy (additional copy is enclosed) |          |
| Mailing Address                 |  | Street Address:  |          |
| Registration S<br>Division of C |  | Registration Section Division of Corporations  |          |
| P.O. Box 632                    |  | The Centre of Tallahassee  |          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

InfoCom Worldwide, 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  $\frac{07/23/2024}{2}$ and assigned Florida document number L24000325774 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: InfoComm Worldwide, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 21856 Arriba Real 5F, Boca Raton, Florida, 33433 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 21856 Arriba Real 5F, Boca Raton, Florida, 33433 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 naction 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 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              |
|--------------|--------------|---------------------------------|-----------------------------|
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Filing Fee: \$25.00