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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@nbandwidth.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROADBAND ESSENTIALS LLC

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02/07/2025 12:20

From:17184082550 To:18506176383 Date

Time 02/07/25 12:19PM Pages: 4 P: 2/4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broadband Essentials LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recor orda Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number L25000016439	 ·	
This amendment is submitted to amend the following	î.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	28
		<u> </u>
Enter new mailing address, if applicable:		EB-7
(Mailing address MAY BE A POST OFFICE BOX)		
		6
		64 05
B. If amending the registered agent and/or registon agent and/or the new registered office address here.		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	1)
	, FI	orida
_	Cin	Zip Code

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

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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>	Name	<u>Address</u>	Type of Action
AMBR	Linda Marie Henderson	5151 Tabbitha Way	■Add
		Avon Park, FL 33825-7025	□Remove
			LlChange
			[☐Remove
			□Change
			☐Add
	A	□Remove	
			[]Change
		□Add	
		□Remove	
		∃Change	
		□Add	
		□Remove	
			Li Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Kindly add the EIN # to your records - 33-2809335 E. Effective date, if other than the date of filing: ___ _ (optional) (If 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 (2)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated _____ February 7. 2025 1st Linda Marie Henderson Signature of a member or authorized representative of a member Linda Marie Henderson Typed or printed name of signee

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