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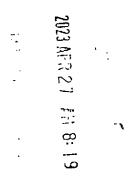
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S. ROBERTS

COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT:	Internationa	al Service Partners, LLC		
SOBJECT		Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub		
Please return	ali correspo	ndence concerning this matter	to the following:	
		Mitesh Smart		
			Name of Person	
		International Service Partr	ers, LLC	
			Firm/Company	
		386 S Atlantic Ave. Unit	#9	
			Address	
		Ormand Beach, Fl 32176		
			City/State and Zip Code	
		msmart@ispusa.net		
		E-mail address: (to be used for future annual report no	tification)
For further inf	formation co	oncerning this matter, please co	all:	
Mitesh Smart			321 9600635 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address istration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations		

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

International Service Partners, 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 ^{Jan 02, 2009} _____ and assigned Florida document number __L09000000407 This amendment is submitted to amend the following: 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" 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 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
AMBR	Mitesh Smart	1925 S Atlantic Ave, Ste 408	
		Daytona Beach Shores, FL 32118	□Remove
			€ Change
			□ Ad d
			□Remove
			□Add
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Note:	April 19, 2023 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne record ord is fil	I 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 ed.
Datad	April 19 2023
Dated	April 19
	Signature of a member or authorized representative of a member
	Mitesh Smart Typed or printed name of signee