L09000097388

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COVER LETTER

TO:		istration Sec sion of Corp				
SUBJE	 СТ·		Contact Centers, LLC		`	
00000			Name of Lin	nited Liability Company		
The enc	losed	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please r	eturn	all correspon	dence concerning this matter	to the following:		
			Marta L. Ruh			
				Name of Person		
			TouchPoint Contact Cente	ers, LLC		
				Firm/Company		
			17291 NE 19th Avenue			
				Address		
			North Miami Beach, FL 3.	3162		
				City/State and Zip Code		
			marta@ececonsultinggroup			
			E-mail address: (to be used for future annual re	eport notification	on)
For furt	her in:	formation cor	ncerning this matter, please ca	all:		
Marta I	Rub			305 799	-4377	
		Name of I	erson	Area Code	Daytime Tel	ephone Number
Enclose	d is a	check for the	following amount:			
■ \$2 5	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2010. -9 P' 7:39 TouchPoint Contact Centers, LLC

(<u>Name of the Elimite</u>)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L09000097388	ability Company were filed on October 8, 2009	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	BOX)	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>ente</u> ice address here:	r the name of th
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	

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>	<u>Address</u>	Type of Action
P/AMBR	Chris Eisdorfer	17291 NE 19th Avenue	□ Add
		North Miami Beach, FL 33162	Remove
			■ Change
V/AMBR	Marta L. Rub	17291 NE 19th Avenue	
		North Miami Beach, FL 33162	□ Remove
			■ Change
			Add
			□ Remove
			Change
 -		-	Add
			□ Remove
			Change
			
			□ Remove
			Change
			
			□ Remove
			Change

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(If an ef <u>Note:</u>	tive date, if other than the date of factive date is listed, the date must be specific. If the date inserted in this block does ment's effective date on the Department.	c and cannot be prior to date not meet the applicable st	of tiling or more than 90 days	
	cord specifies a delayed effective 90th day after the record is file		effective time, at 12:	01 a.m. on the earlier o
Dated	January 20	2020		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00