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COVER LETTER

Registration Section Division of Corporations

ľO:

SUBJECT: TPS OUTS	OURCING AND SERVICES,	LLC	
		ted Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter		
	George S. Savage		
		Name of Person	
	The Savage Law Group, P.	Α,	
		Firm/Company	
	P.O. Box 566502		
		Address	
	Miami/F1, 33256-6502	City/State and Zip Code	
	gss@savagelaw.net	to be used for future annual report not	ification)
for further information co	oncerning this matter, please co	·	
Name o	f Person	Area Code Daytin	ne Telephone Number
Inclosed is a check for th	ne following amount:		
■ \$25.00 Filing 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 enclused)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TPS OUTSOURCING AND SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) __ and assigned The Articles of Organization for this Limited Liability Company were filed on 2/02/2010 Florida document number L10000012288 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 **day 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: ' 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

f 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> Fitle</u>	Name	<u>Address</u>	Type of Action
MGRM_	TPY USA LLC	4851 Northwest 79th Avenue	□Add
		Sie 9	Remove
		Miami, FL 33166	Change
GRM	Miguel Perez	1217 Talley Ln	□ Add
		Frisco Tx 75033	Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			ПRеточе
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			□Remove
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			□Remove
			□Change

				
				
				
				
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ve date, if other than t	he date of filing: January I.	2021	(optional)	
ective date is listed, the date i If the date inserted in this	must be specific and cannot be prio block does not meet the applic	r to date of filing or more th	an 90 days after filing) Pursuam	t to 605.020
ent's effective date on the	Department of State's records		unchients, this date will not	de listed a
d specifies a delayed effec	tive date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th da	ay after the
ed.				
January 5	. <u>2021</u>			
Junuary 5		/ 1	ì	
January 5		_ /\		
January 5	Signature of a member or auth	orized representative of a fi	nember	

D.

Filing Fee: \$25.00