## 111000004116

(Red	questor's Name)	
(Add	dress)	<u> </u>
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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## **COVER LETTER**

	• -			
SURIEC		slation Services, LLC	•	
		Name of Lin	nited Liability Company	
Division of Corporations    Vilfil Translation Services, LLC				
			-	
		Greg Filippo		
		<del></del> .	Name of Person	
		Vilfil Translation Services	LLC	
Firm/Company				<del></del> ;
2901 Clint Moore Road #185				
		·	Address	<del></del>
		Boca Raton Fl 33496		
			City/State and Zip Code	<del></del>
For furthe	er information c		•	oulication)
Greg Filip	ppo			
	Name o	f Person		time Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>\$25.0</b>	0 Filing Fee		Certified Copy	Certificate of Status &
				=
[	Division of C	orporations	Division of C	Corporations
	P.O. Box 632 Fallahassee, I			f Tallahassee aroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 HAY -8 PH 3: 03

Vilfil Translation Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

·	rida Emilico Elac	,		
The Articles of Organization for this Limited Liability	Company we	re filed on 1/11/201	1	_ and assigned
Florida document number L11000004116				
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	mited liabilit	y company here:		
The new name must be distinguishable and contain the words "L	imited Liability	Company," the designa	tion "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:	2	2901 Clint Moore Road		
(Principal office address MUST BE A STREET ADI	DRESS) S	\$185		
	<u> </u>	Boca Raton Fl 33496		
Enter new mailing address, if applicable:	2	901 Clint Moore Roa	ad	
(Mailing address MAY BE A POST OFFICE BOX)		185		
	F	Boca Raton Fl 33496		
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	red office add	ress on our record	s, <u>enter the name (</u>	of the new registe
200	1 Clint Moore l	20ad #185		····
New Registered Office Address: 290		Enter Florida str	eet address	<u> </u>
Вос	a Raton Fl		, Florida <sup>33496</sup>	5
		City		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 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
		<del></del>	□ Add
			□Remove
			□Change
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te: If the date inserted in this temperate is effective date on the leaders of	date of filing:	ot be listed as
is filed.		
ted <u>5/4</u>	2020	
	Signature of a member or authorized representative of a member	
Greg Filippo		

: •