4000054/s/.

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COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: Climbing & DATOP Yirtual CAN Center, UC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felicia A. Smith

Name of Person

Climbing 2 DATOP Virtual Call Center, UC

Firm/Company

91-1200 Keaunul DR APT H 503

Address

EWA Beach H1. 96706

City/State and Zip Code

Climbing 2 DATOP Virtual @ gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felicia A. Smith at (808) 561-3377

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

Climbing 2 Dartop Virtual Call Center LLC

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

(A Florida Limited Liability Company)

Florida document number 140000 544 54			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity compan	<u>y here</u> :	
Climbing 2 The Top Virtual CA The new name must be distinguishable and contain the words "Limited Liability"	ty Company,"	the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>4043</u>	Hennes	sy Rd.
(Principal office address MUST BE A STREET ADDRESS)		SONUILLE	
•			

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			28 15
(Mailing address MAY BE A POST OFFICE BOX)			
			(1.77
B. If amending the registered agent and/or registered of	fice address	s on our record	
registered agent and/or the new registered office address here			
Name of New Registered Agent:			
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 egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Florida street addre	200	
	133,403		
	City	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
ivew redistered Agent s Signativite. It changing registered Agent			
1			

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 **Title** Name **Address** Type of Action __ 🗆 Add ______ Remove ...___ Change ___ [] Remove ___ Change____ Remove _ Change _____ □ Remove _____

Change

____ Change

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Page 3 of 3

Filing Fee: \$25.00