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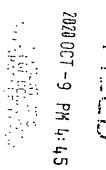
(Requestor's Name)
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COVER LETTER

	gistration Se vision of Cor				
OF BIRZER	Fingerprint				
SUBJECT:					
The enclose	d Articles of	Amendment and feets) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Jason G. Jardine			
			Name of Person		
		Fingerprint Pros, LLC			
		·	Firm/Company		
		6840 NW 34th Street			
			Address		
		Margate, FL 33063			
			City/State and Zip Code	· 	
		fingerprintprosllc@gmail.c			
			to be used for future annual report no	tification)	
For further	information c	oncerning this matter, please c	all:		
Jason G. Ja	rdine		954 540-2656 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	S30.00 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		Street Address: Registration S	ection		
Division of Corporations		Division of Corporations			
	O. Box 632 Illahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moodies Worldwide, LLC	2020 FF
(Name of the Limited Liability Compa (A Florida Limited I	ny ay it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000152710}{L}$.	
This amendment is submitted to amend the following:	<u> </u>
A. If amending name, enter the new name of the limited liab	ility company here:
Fingerprint Pros, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6840 NW 34th Street
(Principal office address MUST BE A STREET ADDRESS)	Margate, FL 33063
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6840 NW 34th Street Margate, FL 33063
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 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
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	
			□Add
			□Remove
		• .	□Change
			□Add
			□Remove
			□Change

). If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note: 1	re date, if other than the date of filing: 9/9/2020 (optional) etive 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 (3) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the record	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 d.
Dated _	Janet Jada
	Signature of a member or authorized/representative of a member Jason G. Jardine
	Typed or printed name of signee

Filing Fee: \$25.00