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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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WM 27 2013

## COVER LETTER

	of Corporations	
SUBJECT:	ompetitive Experience Services LLC Name of Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
	Competitive Experience Services LC  Firm/Company	
	36 Beeler Rd Address	
	Crawferduilly FL 32327  City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further inforce	ntion concerning this matter, please call:	ō
William	MCK 1722 at (950) 933-7460  Nome of Person Area Code Daytime Telephone Number	D FIRT CI A
Enclosed is a chec	ck for the following amount:	62 IJI 63
☐ \$25.00 Filing	Fce \$30.00 Filing Fee & \$55.00 Filing Fee & \$ 60.00 Filing Fee File Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	67
	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

Competitive Experience Services LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed	on 5/2	27/14	and assigne	:d	
This amendment is submitted to amend the following:						٠
A. If amending name, enter the new name of the lim	ited liability comp	anv here:	. C			
The new name must be distinguishable and contain the words "Lim	nited Liability Company	y," the designati	on "LLC" or the a	bbreviation "L.L.C."	.,	
Enter new principal offices address, if applicable:	· 		·	<del> </del>		
(Principal office address MUST BE A STREET ADDI	RESS)					
Enter new mailing address, if applicable:		· 				
(Muiling address MAY BE A POST OFFICE BOX)				· 	- <del></del>	
			·		· 	
B. to a tending the registered agent and/or regi		ress on our	records, enter	the name of	the ne	<u>w.</u>
registered agent and/or the new registered office ad-	ress here:			<u>P</u> g	ō,	
		•		د المراجعة المراجعة المراجعة	<u> </u>	2
Hame of New Registered Agent:					77	
New Registered Office Address:					-3:4	
		Enter Florida str	eet address . Florida	17 17 15 16 16 16 16 16 16 16 16 16 16 16 16 16	<u>0</u>	****
	City	<del> </del>	, Fiorida _	Zip Code	رن <del>حا</del>	

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

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the date of filing:  ———————————————————————————————————	₹101 G

Page 3 of 3

Filing Fee: \$25.00