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PICK-UP WAIT	MAIL
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Certified Copies Certificates of Statu	s
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1-800 - A GENT MATCH, COM, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
MESCHELL BERRIEUM Name of Person
1-800 - 19 GENT MATCH, COM Firm/Company
2910 KERRY FOREST PKWY, STE D4-245
TALCARASSEE, FC 32305 City/State and Zip Code
Real-Tor (Gads den horn e Store, cory E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MESCHELL BERRIEUM at (908) 377-2235 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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

1-800 · AGENT MATCH. C	om, Lcc		<u>.</u>
1-800 · 19 Chent Match · C (Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appear</mark> Liability Company)	<u>'s on our records.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on 🕢	Ovember 233	0/5 and assigned
Florida document number 4 2 5 0 0 0 1 9 7 7 9 5 .			
This amendment is submitted to amend the following:			SECRET TALLAH 18 JAN
A. If amending name, <u>enter the new name of the limited liability company here</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	lesignation "LLC" or the	
Enter new principal offices address, if applicable:			11:5 LONG
(Principal office address MUST BE A STREET ADDRESS)			8 0 m
Enter new mailing address, if applicable:	2910	Kerry Fo	DEEST PKWY
(Mailing address MAY BE A POST OFFICE BOX)	Suite.	D4 -245	·
	TALLAH	ASSÉE, F	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, <u>ent</u>	er the name of the nev
Name of New Registered Agent:		•	
New Registered Office Address:	Enter Flor	rida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>t</u>		

If Changing Registered Agent, Signature of New 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 Address **Type of Action** Title <u>Name</u> MGR Meschell Berrieum 2910 Berry Forest Pry Add 50. KD4-245 TALLAHASSÉE, FL 32309 JOANIE BURRIEUM JE □ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove □ Change □ Add _□ Remove ____ □ Change _□ ∧dd □ Remove _□ Change _□ Add □ Remove _□ Change

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reffec <u>te:</u> If	e date, if other than tive date is listed, the dat the date inserted in that's effective date on t	e must be specific ar nis block does not	nd cannot be prio meet the applic	cable statutory fili	more than 90 days aft	tional) er filing.) Pursuan nis date will not	t to 605.020 be listed a
	ord specifies a del Oth day after the			ot an effective	time, at 12:01	a.m. on the	earlier
ted	Junuary Me	17	. <u>2018</u>	<u> </u>			
		Signature of a	26 A A x 6 Cx a member or auth	norized representative	e of a member		

Page 3 of 3

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		AH.
1-800 · 1313505 MATCh . C	0.77, 200	ASS ASS
/-800・13 あとれて M 13でも、Co (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
		= 元s=
	were filed on November 23,2075 and a	
Florida document number $\frac{215000197795}{}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	٤
The new name must be distinguishable and contain the words "Limited Liabile	ity 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)		M
Enter new mailing address, if applicable:	2910 Kerry Forest	PKWY
(Mailing address MAY BE A POST OFFICE BOX)	Su, 4 D4 - 245	where: the designation "L.C." or the abbreviation "L.L.C." Here: Here
	TALLAHASSEE, IL BUE	309
registered agent and/or the new registered office address her		of the new
New Registered Office Address:	Enter Florida street address	
The Articles of Organization for this Limited Liability Company were filed on November 12.5000/97795. 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 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	, Florida City Zip Code	
	Ciù, Sub Coue	,

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>	Name	Address	Type of Action
MGR	Meschell Berrieum	A 2910 KERRY FOREST P. 50. KD4-245 TALLAHASSEE, FL 32309 500018 BERRICHM JE	Kry S Add
		Sonnie Bezrieum Je	🗹 Remove
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ote:	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at the date inserted in this block does not meet the applicable statutory filing requirements, t	otional) fter filing.) Pursuant to 605.0 this date will not be listed	0207 d as
cum	s effective date on the Department of State's records.		
e red The	d specifies a delayed effective date, but not an effective time, at 12:0: th day after the record is filed.	1 a.m. on the earlier	r of
ated	Misschell Berrieum Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00