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(Re	questor's Name)	
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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
CUBICOT	NMC BLA	NCO LLC		
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	_		
	OCTAVIO C	ARDOSO		
		Name of Person		
	NOTLYA HO	DLDINGS CORF).	
		Firm/Company		
	21301 POWE	RLINE ROAD - S	UITE 207	TALL.
		Address		哥哥
	BOCA RAT	ON, FL 33433		16 HAR 23 AM
		City/State and Zip Code		三里
	cardoso@westcl	NESTERINGLEON to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	·	,	יס
Octavio Ca		_{at} 561 , 488-8	048	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 enclose	
	N/G 4 DD 1100			

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

	LANCO LLC		
(A Florida I	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	mpany were filed on January 04, 2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the abl	previation "L.L.C."	_
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADDRE	ESS)		.
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			۲۱ تا
Enter new mailing address, if applicable:		23	
(Mailing address MAY BE A POST OFFICE BOX)		-	드 (년
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		5	活
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ne name of the	<u>new</u>
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
	, Florida		-
	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 Changing Registered Agent, Signature of New Registered Agent

- If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Little Creek International Services Corp.	Kings Court, 3rd Floor Bay S	treet □ Add
		Nassau, Bahamas	■ Remove
			□ Add
			Remove
			TALLAHASSTE, TLO
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Filing Fee: \$25.00