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SECRETARY OF STATE
FALLAHASSEE, FLORE



JUN 0 8 2016

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FOI Alliance International 460 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:
Courtney Margetson
FOI Alliance International LLC Firm/Company
#\$ 6608 S West Shore Dlud suttle 2308
Address Tampa FL 33646 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Courtney Margeton at (404) 889 - 0932 Name of Person at (404) B89 - 0932 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) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

FOI Alliance Int	ermational LLC
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>Libooobs 649</u>	i
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6608 5 Nest Shore BIVD
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FLURIDA & ES
	33616 <u>E</u> E
	SUITE 2305 1 STATE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	6608 S WEST Share Blud
	TNYFA 33616 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered (office address on our records, enter the name of the new
registered agent and/or the new registered office address he	
Name of New Registered Agent: BOBBI	E LINGS BURY
New Registered Office Address: 6608	S WEST Shore BIVE TAMPA 33616 Enter Florida street address
_5~((** 4~*)	, Florida
New Registered Agent's Signature, if changing Registered Agent	<u>r.</u>
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with the

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

Page 1 of 3

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bevon Woodrolle		
	ROBBIE KINGSBURY	4303 Decrmont arde Tampa FL 33624	□ Remove
G	BOBGIE KINGSBURY	6608 5 West share Blud	Change
<u> </u>	-5051514 FINGSPIRT	TAMPA FLURIDA 33616	ID Add
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Filing Fee: \$25.00