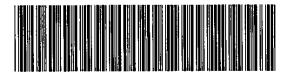
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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I. HARRIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CALLPAL APP G	LOBAL LLC	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
:	SHOBHA N. LIZASO		
		Name of Contact Person	1
-		Firm/ Company	
	1110 BRICKELL AVENUE	#430	
1	MIAMI, FL 33131	Address	
-		City/ State and Zip Cod	e
SHOB	HA@SNLATTORNEY.CO	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se cail:	
SHOBHA N. LIZASO		at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations a Building executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Formula Limited	any as it now appears on our records. Liability Company!	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number 1.16000102684	were filed on <u>05/25/2016</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable one contain the words "Limited Liab;	dity 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	20181 NE I6TH PLACE		
	MIAMI, FL 33179	16 AUG	
Enternew mailing address, if applicable:	20181 NE 16TH PLACE		
(Mailing address MAY RE A POST OFFICE BOX)	MIAMI, FL 33179	For w C	
		79 AA 30	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		1.5	
Name of New Registered Agent: Grant	Beck		
Name O annual of Community 20181 NE 16T	H PLACE		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

CUIDAL ODGLARUITA

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.

MIAMI

(Changing Registered Agent, Signature of New Registered Agent

Enter Filorida meet address

, Florida ³³¹⁷⁹

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** Name _□ Add ☐ Renkive □ Change ☐ Remove □ Change □ Add __ 🗆 Remove Change □ Add ☐ Remove ☐ Change ਨ Chicago Chicago DbA 🗆 ☐ Remove ☐ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-	<u> </u>	
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Effective	date, if other than the date of filing: (optional) ive 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 605.0	0207 (3)(b)
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	d as the
adcumen	is effective date on the Department of State S (CCO) ds.	
		r of:
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the recor	Oth day after the record is filed. 7/25/2016 Signature of a member of authorized representative of a member 5	· ·
he recor	Oth day after the record is filed. 7/25/2016 Signature of a member of authorized representative of a member of a	1
the recor	Signature of a member of authorized representative of a member Typed or printed name of signee Typed or printed name of signee	SEAT.
the recor	Oth day after the record is filed. 7/25/2016 Signeture of a member of authorized representative of a member Typed or printed name of signec	
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