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COVER LETTER

Division of Corp	orations			
MARKETIN SUBJECT:	NG BPO GSA, LLC			
· Name of Limited Liability Company				
	•			
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.			
Please return all correspon	ndence concerning this matter to the following:			
	HERNAN OSSO			
	Name of Person			
	GSA BPO SERVICES, LLC			
	Firm/Company			
	100 LINCOLN RD #425			
	Address			
	MIAMI BEACH, FL 33139			
	City/State and Zip Code alquezar@legalservices.com.ar	20		
	E-mail address: (to be used for future annual report notification)			
For further information co	oncerning this matter, please call:	200 SEP 15		
MANUEL L. RIVERO	305 443-8500 CTS	<u>></u>		
Name of	Person Area Code Daytime Telephone Number			
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Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &		

TO: ' Registration Section

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

MARKETING BPO GSA, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con Florida document number L16000162607	npany were filed on 08/30/2016	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	d liability company here:	
GSA BPO SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		was j
		2016
Enter new mailing address, if applicable:		Series Constitution of the
(Mailing address MAY BE A POST OFFICE BOX)		50 mag
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B. If amending the registered agent and/or register	red office address on our rec	
registered agent and/or the new registered office addres		· ibr. ω
		» У
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		. 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
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			□ Remove
			Change
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e 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 6 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1	e date, if other than the date of filing:	date of filing or more than 90	(optiona days after filir	A S S S S S S S S S S S S S S S S S S S	in the state of th
	tent's effective date on the Department of State's records.				
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