117000036196

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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Co					
CUD II	cor.	SUPPORT CA	ART SOLUTIONS BPO LLC			
SUBJE	sci:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			JEAN JERRY			
			Name of Person			
		SUPPOR	RT CART SOLUTIONS BPO L	LC		
Firm/Company						
		2001	NORTH DIXIE HWY SUITE D			
Address						
		POMP	ANO BEACH, FL 33060			
			City/State and Zip Code			
		-	SUPPORTCART.CO to be used for future annual report not	ification)		
For fur	ther information of	concerning this matter, please c	-			
	Jean	Jerry	754 220-3323			
	Name o	of Person		ne Telephone Number		
Enclose	ed is a check for t	he following amount:				
\$25	5.00 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 enclosed)		
	Registi Divisio	JING ADDRESS: ration Section on of Corporations lox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUPPORT CART SOLUTIONS BPO LLC

(<u>Name of the Limited L</u> (A F	lorida Limited Liability	Company)	s on our records.)		
The Articles of Organization for this Limited Liabil	ity Company were	filed on	02/14/2017	and ass	igned
Florida document numberL17000036196					
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liability co	ompany he	<u>re</u> :		
SUPPORT CART SOLUTIONS BP	O LLC				
The new name must be distinguishable and contain the words	"Limited Liability Con	npany," the de	signation "LLC" or th		C."
Enter new principal offices address, if applicable:		2001 NORTH DIXIE HWY SUITE DE SE			
(Principal office address MUST BE A STREET A	BO!	POMPANO BEACH, FL 33060 골레 등			CHICAGO.
	US	4		15 38 38 38 38 38 38 38 38 38 38 38 38 38	- Command
				mc> ≥	TT
Enter new mailing address, if applicable:	200	1 NORTH I	DIXIE HWY SUITE		Translate.
• • • • • • • • • • • • • • • • • • • •	o POI	POMPANO BEACH, FL 33060			
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		7,	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	_		our records, ent	er the name	of the 1
New Paristand Office Address	7381 NW 44TH	СТ			
New Registered Office Address:		Enter Flori	ida street address		
L	AUDERHILL		, Florida	33319	
	Ci	îty	,	Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:				
t hereby accept the appointment as registered ag provisions of all statutes relative to the proper a				-	•

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
MGR	EMMANUEL DESIR	2001 N DIXIE HWY SUITE D	Add
		POMPANO BEACH, FL 33060	Remove
			Change
	JEAN JERRY	7381 NW 44TH CT	□ Add
		LAUDERHILL, FL 33319	■ Remove
			☐ Change
			Add
			□ Remove
			Change
•			Add SCUND Remove
			Alivy of STA
			DA Remove
			□ Change
 -			Add
			Remove
			Change

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	41 1 4 6 61	•		(- N	
ective date, if other the effective date is listed, the	date must be specific a	and cannot be prior to	date of filing or more	option e than 90 days after fil	ling.) Pursuant to	605.020
te: If the date inserted in ument's effective date of			ble statutory filing i	equirements, this d	ate will not be	listed a
	•					
record specifies a d he 90th day after t	lelayed effective	e date, but not	an effective tin	ne, at 12:01 a.r	n. on the ea	rlier o
ne sour day arter t	ne record is med	u.				
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Cu <u>wwye IL</u>	·) WIT	_ 9	- '			-
	7	mu plus fur	9		TAR ASS	- januar
	Signature of		far all an annual and the and	o member	- m-<	
	Signature of	a member or author	JEL DESIR	a memoer	E CONTRACTOR	[7

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Filing Fee: \$25.00