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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to F	iling Officer	
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COVER LETTER

TO: Registration Section
Division of Corporations

Local Se	arch Partners LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Brian Brown				
		Name of Person			
	Local Search Partners LLC				
	 	Firm/Company			
	2206 W. Atlantic Ave, #20)2			
	Address				
	Delray Beach, Florida 334	45			
	brian.35.brown@gmail.con	City/State and Zip Code			
	E-mail address: (to be used for future annual report notific	ation)		
for further information	concerning this matter, please c	all:			
Brian Brown		224 343-7347 at ()			
Name	e of Person	Area Code Daytime T	elephone Number		
Enclosed is a check for	the 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 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

LOCAL Scarch Partners LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. L17000107596 Florida document number	pany were filed on05/E1/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable:		TI JUL 24 AMII
Mailing address MAY BE A POST OFFICE BOX)		92
		<u> </u>
 If amending the registered agent and/or registere registered agent and/or the new registered office address 	d office address on our records, <u>e</u>	nter the name of the r
eganered agent array of the new registered write address	nery.	() (S
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zin 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>	Address	Type of Action
MGM	Anthony Gangale	9653 Porta Leona Lane	<u></u> ■ Add
		Boynton Beach, Florida 33472	☐ Remove
			Change
MGM	Andrew Gangale	4649 Pine Grove Drive	
		Delray Beach, FLorida 33445	Remove
			□ Change
			Add
			DIVISION ET COMMUNICATION ET COMMUNICATI
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an effect	e date, if other than to ive date is listed, the date	must be specifie	and cannot be pri		or more than 90 days		
	the date inserted in this t's effective date on the				iling requirements	, this date will not	be listed as
	rd specifies a delay Oth day after the r			ot an effectiv	e time, at 12:0	01 a.m. on the	earlier of
ated	07/06		2017	,			
	011/06		11	<u> </u>			
			The D	thorized representa			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00