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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Ebus	iness Outs	ourang Service de Liability Company	es LLC
	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Raquel	Name of Person	
		S Out wour cing	
	orlando	FL 32822	
Address Orlando FL 32822 City/State and Zip Code Yaguel@ Vargasteam - net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
	E-mail address: (to	Dargasteam - net	notification)
For further information conc			
Macale Va	ve e S	.407. 55	7-2150
Name of Pe	rson	at (<u>U07</u>) <u>55</u> Area Code Da	ytime Telephone Number
Enclosed is a check for the for \$25.00 Filing Fee	ollowing amount: □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
Registratio	f Corporations	(additional copy is enclosed) STREET/CO Registration S Division of Co Clifton Buildir	prporations
Tallahasse	e. FL 32314	2661 Executiv	e Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Outsourcing		
(<u>Name of the Limited</u> (A	Liability Company as it row Florida Limited Liability Com	pany)	
The Articles of Organization for this Limited Liab		on 6 30 17	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability compa	inv here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company	"the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, <u>ente</u>	ALLAND of the new
Name of New Registered Agent:	Raquel	Vargas	AH 77
New Registered Office Address:	6917 Naru	tossee Rd. Suiter Florida street address	查2726 On
	<u>Orlando</u>	Florida _	32822 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>	Address	Type of Action
AMBR	Alejandra Vargas	6917 Narcoossee Rd suite 725	
		Orlando FL 32822	Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			_□ Add
			Remove
			Change
			□ Add
			Remove
			□ Change

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Filing Fee: \$25.00