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TALLAHASSEE, FLURIUP

COVER LETTER

	egistration Sec ivision of Corp				
		ient Services LLC			
SUBJECT	r:	Name of Limit	ed Liability Company		
The enclos	sed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please rett	ım all correspon	dence concerning this matter to	o the following:		
		Jon Paul Lauria			
			Name of Person		_
		Corporate Client Services L	LC		
			Firm/Company		
1880 N Congress Avenue Suite 211-k			uite 211-k		
			Address		<u> </u>
		Boynton Beach, Fl 33426			
		····	City/State and Zip Cod	ie	'
		jplauria21@gmail.com			
			o be used for future annu	аттероп пописа	nonj
For furthe	r information co	oncerning this matter, please ca	.11:		
Jon Paul	l.auria		561 8	376-5818	
	Name of	Person	Area Code	Daytime To	elephone Number
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is	1	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Regist Divisi Clitto	ET/COURIES ration Section on of Corporati n Building Executive Cente	ons	
	ranana	issee, FL 32314		assee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corporate Client Services LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.17000153165	were filed on July 18, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company" the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500
(Principal office address MUST BE A STREET ADDRESS)	3 FE
	A ASSI
Enter new mailing address, if applicable:	m moo
(Mailing address MAY BE A POST OFFICE BOX)	Z: CORI
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City . Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	li de la companya de
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with und provided for in Chapter 605, F.S. Or, if this document is
If Cha	anging Registered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Heather Hedge	679 Main Street	■ Add
		Belford, NJ 07718	□ Remove
			□ Change
			
			Remove
			□ Change
			Remove
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

). If amending any oth	er information, en	iter change(s) her	e: (Attach add	litional sheets,	if necessary.)		
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		e an			(tiD		
E. Effective date, if oth (If an effective date is liste <u>Note:</u> If the date inse- document's effective of	ed, the date must be spec rted in this block doe	citic and cannot be prices not meet the appli	or to date of filing cable statutory f	or more than 90 da	_(optional) ays after filing.) Purs nts, this date will i	mant to 605.02 not be listed	(07 (3)(b) as the
If the record specifies (b) The 90th day af	s a delayed effec ter the record is	tive date, but n filed.	ot an effectiv	ve time, at 1	2:01 a.m. on t	he earlier	of:
Dated17		2018					
Datett	(Jon auf Ja	uria_			<u></u>	
	Signatu		aul Laur	IA			
		Typed or prir	ited name of signe	ee			
		Pag	ge 3 of 3				
		Filing 1	Fee: \$25.00				