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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: Description Desc
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: FRANC WIBLE Name of Person
Please return all correspondence concerning this matter to the following: FRANC WIBCE Name of Person
Please return all correspondence concerning this matter to the following: FRANC WIBCE Name of Person
PRANC WIBLE Name of Person ACCUFIND 5 Firm/Company 7000 WEST PNLMETTO FARIC YED Address BOCA RATON FL 33433 City/State and Zip Code FWIBLE O JUHOU COM E-mail address: (to be used or future annual report notitication)
Firm/Company Firm/Company TOOU WEST PALMETTO PARK PED Address BOCA RISTON FL 33433 City/State and Zip Code FWIBLE O JAHOO, COM E-mail address: (to be used for future annual report notification)
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BOCA RATON FL 334.33 City/State and Zip Code FWIBLE O JAHOO. COM E-mail address: (to be used for future annual report notitication)
BOOD WEST RNLMETTO PARK PD Address BOOD FL 334.33 City/State and Zip Code FWIBLE O JUHOO. COM E-mail address: (to be used for future annual report notification)
BOCA RISTON FL 334.33 City/State and Zip Code FW 13CE O JN HOO. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
,
For further information concerning this matter, please call:
Fan $v \in w : B = at(8/3) = 34/-5525$ Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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

ACCUFINDS	LEC
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L/700022990</u>	4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TB ALL
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 7: 09
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	1 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:

Title	<u>Name</u>		Address		Type of Action
MGR	FRANCIS J 3937 HEADSAIL	WI	BLE UTZ NEW PORT	RICHEY FL 34	ES Z
			FIRNNK	WIBLE	X Remove
					Change
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_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
		
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E. Effective date, if other than the date of filing:		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	e earlier	of:
Dated 2/26/18.		
S Med 1		
Signature of a member or authorized representative of a member		
Treaturers J CUIBLE VIZ Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00