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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

ТО	Registration Section Division of Corporations				
SU	BIZ RES		Liability Company		
The	enclosed Articles of Amendme	nt and fee(s) are submitt	ed for filing.		
Plea	isc return all correspondence co	neerning this matter to the	he following:		
	<u>M</u>	ARNIE J.	GIBBS Name of Person	•	
:	<u>B</u> [Z RESUL	TS, LL	.C	
	201	.69 CORKS		ORES BL	VD
	<u>E</u> \$	TERO, F	L 339	28	
	'l "" l'	OSSCORE CO E-mail address: (to be	ity/State and Zip Coc Imail.cor	n N)
	further information concerning				
N	Tarnie J. Gl	bbs	at (651) .	303-99	
Enc	losed is a check for the following	g amount:	Wei Code	mayame relefa	ione (vanie)
		00 Filing Fee & Intificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		□ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	MAILING ADD			ET/COURIER AL	ODRESS:
	Registration Section Division of Corporation Corporation (Corporation)		Divisio	ration Section on of Corporations	
<i>'</i>	P.O. Box 632 Tallahassee, FL 3	2314	2661 E	i Building Executive Center Ci assee, FL 32301	rele

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF TALLAHASSEE
ED STATE EE, FLORIO
TE AGIN

BIZ RESULTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L17000253115	were filed on December 11, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	20169 CORKSCREW SHORES BLVD
(Principal office address MUST BE A STREET ADDRESS)	ESTERO, FL 339298
Enter new mailing address, if applicable:	20169 CORKSCREW SHORES BLVD
(Mailing address MAY BE A POST OFFICE BOX)	ESTERO, FL 339298

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

20169 CORKSCREW SHORES BLVD

Enter Florida street address

ESTERO

, Florida <u>339</u>28

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Increby 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 familia with the accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this change in the registered office address, I hereby confirm that the limited limiting of this change.

If Changing Registered Agent, Signature of New Registered Spen

1GR =	Manager Authorized Member			
itle	<u>Name</u>		<u>Address</u>	Type of Action
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D. U. AI		of opination, enter change(s) here: (Attach additional sheets, if necessary.) SCOREGIBBS@GMAIL.COM TO GIBBSSCORE@GMAIL.COM	
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Effe	ctive date, if other th	the date of filing: (optional)	
Not	e: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to a line block does not meet the applicable statutory filing requirements, this date will not be	
doc	iment's checuve date o	or the Department of State's records.	
		lelayed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier of:
(b) TI	ne 90th day after t	ne record is filed.	
Date	MARCH	12, <u>44. 2018</u>	
		Signature of a member or authorized representative of a member	_
		MARNIE J. GIBBS	a As
		Typed or printed name of signee	SECRETAR TALLAHASS 18 MAR 20
			TAR HASS
			± 500 € 500 € 600
		Filing Fee: \$25.00	STA
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