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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Name of Limited Liability Company	•
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	女人
Alexas Pietraszhicuicz.	
Advantage Global Besources	
5710 Main St. Suite 217	
City/State and Zip Code  Olivis Dietra Q advantage a lobal resources. Com  E-mail address: (to be used for future annual reporting dictation)	
F-mail address: (to be used for future annual reportantification)  For further information concerning this matter, please call:	
Mexis Pictraszhiwicz at (210) 414,8987  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 \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of S	
MAILING ADDRESS:  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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		10/10	1
(A Pionda Limited	any as it now appears on or Triability Company)		The state of the s	? ?
The Articles of Organization for this Limited Liability Compan Florida document number <u>ム 1800010なその</u> .	y were filed on 1/6	12-018	_ and assigned	12:01
This amendment is submitted to amend the following:			•	
A. If amending name, enter the new name of the limited lia  (INC DI IN P. L.C.  The new name must be distinguishable and contain the words "Limited Liab		tion "LLC" or the abbr	reviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				_ _ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<del></del> 
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our ere:	records, enter t	he name of the	<u>new</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	reet address		<del></del>
	City	Florida	Zin Code	_
New Registered Agent's Signature, if changing Registered Agen	-		-mp. sec	
	assa to not in this cana	city I further dur.	ee to comply wit:	h the

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = M$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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<u>lote:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	February 22 2019.
	allen Mile Co
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00