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(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
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(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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FEB 1 6 20th
J. HARRIS

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	MBR4B LL	.c		
SUDJECI	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	indence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249	SUITE 220	
			Address	
		HOUSTON TX 77064		
			City/State and Zip Code	
		MARSHA@INCFILE.COM E-mail address: (vI to be used for future annual report notific	cation)
For further	r information c	oncerning this matter, please c	•	·
MARSHA	SIHA		888 462-3453	
	Name o	f Person	at ()	Telephone Number
Enclosed i	s a check for th	he following amount:		
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

, ,

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ars on our records.)
01/22/2018 and assigned
h <u>ere</u> :
25 - 100
designation "LLC" or the abbreviation "L.L.C."
And the Control of th
4
on our records, <u>enter the name of the nev</u>
lorida street address
The est land
, Florida 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
-			□ Add
		Marketon de discherenza des seus Profesionales	Remove
		***************************************	☐ Change
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			Remove
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	date of filing:	(optional)
Effective date, if other than the		Ordove ofter filing \ Dureugnt to 605 (170)
If an effective date is listed, the date mus	ock does not meet the applicable statutory filing require	ments, this date will not be listed as
If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the applicable statutory filing require epartment of State's records. d effective date, but not an effective time, at	ments, this date will not be listed as
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Page 3 of 3

Filing Fee: \$25.00