Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323) 962-8600 Phone

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL IDENTITY SCREENERS LLC

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Help

TO: Registration Section

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COVER LETTER

Division of Co	rperations		-			
	. IDENTITY SCREENERS	LLC				
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter	<u>-</u>				
r sease return air correspo	ondence conseruing and manee	to the tottowing.				
	Cheyenne Moseley					
	Name of Person					
	Legalzoom.com, Inc.					
		Firm/Company				
	101 N. Brand Blvd., 11th Floor					
		Address				
	Glendale, CA 91203					
		City/State and Zip Code				
	mkjurado@yaboo.com	•				
	E-mail address: (to be used for furtire annual report noti	fication)			
For further information	concerning this matter, please c	ail:				
Cheyenne Moseley		800 773-0888 a	ext. 9724			
Name of Person Area Code Daytime Tetophone Number			e Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	回 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 			
Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations tox 6327 assec, F1, 32314	STREET/COURI Registration Section Division of Corpor Clifton Huilding 2061 Executive Co Tallahassec, FL 32	on rations enter Circle			

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GLOBAL IDENTITY SCREENERS LLC				_
(Name of the United Liability Co (A Florula Lim	omnany as it now appears (ited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/0	2/2018	and	assigned
Florida document number L18000082607				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	Ē;		
The new name must be distinguishable and end with the words "Limited	Liability Company," the de	signation "LLC" or the a	bbreviation	"L.L.C."
Enter new principal offices address, if applicable:			-	*
(Principal office address MUST BE A STREET ADDRES.	5)			
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			F.	
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)				- 132 3
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			, н	9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on here:	our revords, <u>enter</u>	the nao	<u>ne of the ne</u>
Name of New Registered Agent:	··			
New Registered Office Address:				
	Enter Florid	la street address		
		, Florida, Zap Code		
	Chy		Zip Co	de
New Registered Agent's Signature, if changing Registered Ar	zeni:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of n t as provided for in Cl	ny duties, and I am iapter 605, F.S. Or,	familiar if this d	with and ocument is
<u>រ</u> ិ	Changing Registered Age	at, Stanstore of New R	mistered /	vent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name Address 8927 HIPOLUXO ROAD, SUITE A4 # 150 🔀 Add MGR Murphy Rosero LAKE WORTH, FL 33467 □ Remove MGR 8927 HIPOLUXO ROAD, SUITE A4 # 150 Kimberly Jurado LAKE WORTH, FL 33467 □ Remove 8927 HIPOLUXO ROAD, SUITE A4 # 150 MGR Marion Jurado Jr. ₩ Add LAKE WORTH, FL 33467 _____ C Remove DAdd □ ☐ Remove _____ O Add ☐ Remove

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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (Due effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated June 18 . 2018
	Signature of a member of authorized representative of a member
	Marisol Rosero-Jurado
	Typed or printed name of signee

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Filing Fee: \$25.00