

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000356429 3)))



H200003564293ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*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  
WAR NETWORK, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Y SULKER

OCT 14 2020

Help

Electronic Filing Menu

Corporate Filing Menu

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAR NETWORK 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 were filed on 05-30-2018 and assigned  
Florida document number L18000134772

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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**)

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:

TAMAR MARKOVICH

New Registered Office Address:

10275 COLLINS AVE #1417

Enter Florida street address

BAL HARBOUR

City

Florida 33154

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.

*T. Markovich*

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 = Manager

AMHR = Authorized Member

| <u>Title</u> | <u>Name</u>                  | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|------------------------------|------------------------------|--|
| MGR          | CARE MANAGEMENT SERVICES LLC | 1124 KANE CONCOURSE          | <input type="checkbox"/> Add               |
|              |                              | BAY HARBOR ISLANDS, FL 33154 | <input checked="" type="checkbox"/> Remove |
|              |                              |                              | <input type="checkbox"/> Change            |
| MGR          | TAMAR MARKOVICH              | 10275 COLLINS AVE #1417      | <input checked="" type="checkbox"/> Add    |
|              |                              | BAL HARBOR, FL 33154         | <input type="checkbox"/> Remove            |
|              |                              |                              | <input type="checkbox"/> Change            |
|              |                              |                              | <input type="checkbox"/> Add               |
|              |                              |                              | <input type="checkbox"/> Remove            |
|              |                              |                              | <input type="checkbox"/> Change            |
|              |                              |                              | <input type="checkbox"/> Add               |
|              |                              |                              | <input type="checkbox"/> Remove            |
|              |                              |                              | <input type="checkbox"/> Change            |
|              |                              |                              | <input type="checkbox"/> Add               |
|              |                              |                              | <input type="checkbox"/> Remove            |
|              |                              |                              | <input type="checkbox"/> Change            |
|              |                              |                              | <input type="checkbox"/> Add               |
|              |                              |                              | <input type="checkbox"/> Remove            |
|              |                              |                              | <input type="checkbox"/> Change            |

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: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 12, 2020

Signature of a member or authorized representative of a member

Jonathan Markovich

Typed or printed name of signer

**Filing Fee: \$25.00**