

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000195252

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

From:
Account Name : GM FINANCIAL GROUP LIMITED, INC.
Account Number : I1998000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: JOHNPAUL.2603@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIRECT CONTACT, LLC**

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NOV 03 2022

M. SOLOMON

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Corporate Filing Menu

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November 2, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIRECT CONTACT, LLC
4235 NW 9TH AVE.
POMPANO BEACH, FL 33064

SUBJECT: DIRECT CONTACT, LLC
REF: L18000195852

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Catherine M Brumbley
Regulatory Specialist III
Internet Support

FAX Aud. #: H22000372359
Letter Number: 022A00024543

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIRECT CONTACT 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 8/15/2018 and assigned
Florida document number L18000195852.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

21186 VIA EDEN

BOCA RATON, FL 33433

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:

JOHN SANTANA

New Registered Office Address:

21186 VIA EDEN

Enter Florida street address

BOCA RATON

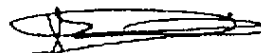
City

Florida 33433

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

FILED

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2022 NOV -3 PM 2:14

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E. Effective date, if other than the date of filing: _____ (optional)

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 31, 2022

Signature of a member or authorized representative of a member

JOHN SANTANA

Typed or printed name of signee

Filing Fee: \$25.00