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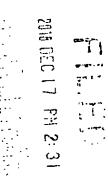
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TANOS ZIIS

COVER LETTER

Division of	Corporations			
	TH INTELLIGENCE SERVICES	LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	ROBERT ROTH			
		Name of Person		
	ROTH INTELLIGENCE SERVICES LLC			
		Firm/Company		
	17113 MIRAMAR PARK SUITE 203	WAY		
		Address		
	MIRAMAR, FL 33027			201
	RROTH52@MYSWISSM	City/State and Zip Code		2018 DEC
	•	to be used for future annual report notifi	ication)	0
For further information	on concerning this matter, please c	all:		7
ROBERT ROTH		754 252-1162		4 2: 3
Nar	ne of Person		Telephone Number	_ \(\frac{\sigma}{\sigma} \).
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &

MAILING ADDRESS:

Registration Section

TO:

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

ROTH INTELLIGENCE SERVICES LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L18000253301		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	20 m
Enter new mailing address, if applicable:		50 P3
(Mailing address MAY BE A POST OFFICE BOX)		10. CO
		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	rida
	City	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 = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	ROTH, ROBERT	17113 MIRAMAR PKWY, #203 MIRAMAR, FL 33027	■ Add
			Remove
			Change
MGR	ROTH, ROTH		Add
	17113 MIRAMAR PKWY, #203 MIRAMR, FL 33027	■ Remove	
		Change	
		Remove	
		Remove : C	
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			☐ Remove Site
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-	POTEL POTEL NUMBER TO DE REMOVED		
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	10/29/2018		
Effecti	ive date, if other than the date of filing: (optional) ective 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 bent's effective date on the Department of State's records.	e listed as t	he
40,44	on a creening date on the Department of State Breenings		
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the 90 th day after the record is filed.	earlier of:	
Dated	DECEMBER 14 2018		
Dated	DECEMBER 14. 2018. Bleet Poth		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00