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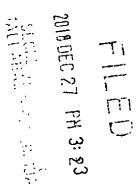
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## **COVER LETTER**

TO: Registration So Division of Co		•		
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	GE SERVICES PARTNERS II	NTERNATIONAL LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALINE DARMOUNI			
		Name of Person		
	EXCO US ATRIUM			
	Firm/Company 44 W FLAGLER ST - SUITE 23000 Address			
	MIAMI FL 33130			
	office@excous.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	concerning this matter, please c	all:		
Aline DARMOUNI		305 600 4405		
Name e	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	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)	
MAII	INC ADDRESS	STDFFT/CAUDII	TD AMADESS.	

MAILING ADDRESS:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANGUAGE SERVICES PARTNERS INTERNATIONAL 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 11/13/2018 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LANGUAGE SERVICE PARTNERS INTERNATIONAL LLC 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) 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
		Remove	
			Change
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			Change
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	DEC. 20th 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00