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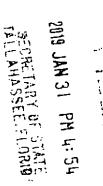
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		2.	
New Satisf SUBJECT:	action Guaranteed, LLC		2018 JA	
SUBJECT:	Name of Lim	ited Liability Company		
			ing.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	5.5	
Please return all correspo	ondence concerning this matter	to the following:	78.5 85.	
	Peter A. Mardinly, Esq.			
	Belmont Investment Corp.			
Firm/Company				
1400 N. Providence Road, Bldg. 1, Suite 304				
		Address		
Media, PA 19063				
City/State and Zip Code				
	pmardinly@belmontinvestr			
		to be used for future annual report notit	Teation)	
For further information of	concerning this matter, please co	all:		
Peter A. Mardinly		610 891-9800 at ()		
Name o	of Person	at () Area Code Daytimo	e 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)	
Regist	ING ADDRESS:	STREET/COURI Registration Section	n	
P.O. B	on of Corporations ox 6327	Division of Corpor Clifton Building		
Tallah	assee, FL 32314	2661 Executive Ce	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 December 19, 2018

and assigned

Florida document number L18000290869

This amendment is submitted to amend the following:

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

Satisfaction Guaranteed, 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 new registered agent and/or the new registered office address here:

	Cin	Zip Code
		. Florida
	Enter Florida street ad	ldress
New Registered Office Address:		
<u></u>		
Name of New Registered Agent:		

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

New Satisfaction Guaranteed, LLC

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
.		D Ac	
			☐ Remove
			Change
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ctive date if other than t	he date of filing:			(ontional)	
etive date, if other than to effective date is listed, the date in the date inserted in this inent's effective date on the	block does not mee	et the applicable	te of filing or more th statutory filing req	an 90 days after filing.) uirements, this date v	Pursuant to 605.0 vill not be listed
ecord specifies a delay ne 90th day after the re		te, but not an	effective time	, at 12:01 a.m. c	on the earlier
January 4 d		2019			
1	1	20	/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00