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.

(((H190000460543)))



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

To:						
	Division of C	,				
	Fax Number	: (850)617-6383				
From:						
	Account Name	: LEGALZOOM.COM INC.		38.	<u>~</u>	
		r : 120010000062		<u></u>	916	
		: (323)962-8600		늘;	<u> </u>	
	Fax Number	: (323)962-3889		3.15	2019 FEB	
				SS	ĭ	~-
**Enter	the email addre	ess for this business e	entity to be used		8	
	CHE CHILL BOOK					
aı	nnual report mai	lings. Enter only one	email address pla	ease ** 🖳	20-	-
aı	nnual report mai	lings. Enter only one	email address ple	ease. **. 도	AH	
	nnual report mai		email address ple	ease. **. FEST		
			email address ple	ease. FLOWI	ά	
				ease.** FLONIO		
Er	mail Address:			STATE	ά	
Er	mail Address:	ESTATE/CORRECT	OR M/MG RE	STATE	ά	
Er	mail Address:		OR M/MG RE	STATE	ά	
Er	mail Address:	ESTATE/CORRECT	OR M/MG RE	SIGN	8+4:8	
Er	mail Address: LC AMND/RI SAY-N	ESTATE/CORRECT MORE INTERNATION of Status	OR M/MG RE	SIGN	ά	

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor						
	RE INTERNATIONAL LLC					
SUBJECT:	Name of Limi	ted Liability Company				
	Amendment and fee(s) are sub-	•				
	Cheyenne Moselcy					
		Name of Person				
	Legalzoom.com, Inc.					
		Firm/Company				
	101 N. Brand Blvd., 11th	h Floor				
		Address				
	Glendale, CA 91203				2019	
		City/State and Zip Code		AHA AHA	FEB	7.7
	say.moreprise@gmail.com	m to be used for future annual report notification	on)	ASS	8-8	1
For further information c	oncerning this matter, please or		,	T. F	2	
Cheyenne Moseley		800 773-0888 ext. 9	724	SIM	91 :8 5	
Name o	f Person	Area Code Daytime Tek	phone Number	= :	<u>o</u>	
Enclosed is a check for th	ne following amount:					
\$25.00 Filing Fcc	☐ \$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Status &		

MAILING ADDRESS:

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: Page 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAY-MORE INTERNATIONA	L LLC			
(Name of the Limit	cd Liability Comput (A Florida Limited L	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document number L19000017780 This amendment is submitted to amend the following the control of th	······································	were filed on <u>01/</u>	16/2019	and assigned
A. If amending name, enter the new name of	-	iltu eominanu har	·a·	
A. It attending same, enter the new name of	the marcy habi	ney company act	<u></u> -	
The new name must be distinguishable and end with the	words "Limited Liabi	ility Company," the d	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	4495-304 Roosevelt Blvd			
(Principal office address MUST BE A STREE	Jacksonville, FL 32210			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	or registered of	fice address on	our records, ente	2018 FEB +8 AH of the new
	550 COMET	ST Apt 12		
New Registered Office Address:			da street address	
	JACKSONVII	LLE	Florida	32205
		City		Zip Code
New Registered Agent's Signature, if changing I I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	d agent and agre er and complete stered agent as p registered office	performance of r provided for in C	ny duties, and I an hapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SULE, GANIYU	550 COMET ST	
		JACKSONVILLE, FL 32205	☑ Remove
MGR	SULE, JAFARU	550 COMET ST	
		JACKSONVILLE, FL 32205	☑ Remove
MGR	Jafaru Sule	550 COMET ST Apt 12	Add
		JACKSONVILLE, FL 32205	2009 FEB
			Reprove
		<u> </u>	CI Remove
	·		
		- 	Remove

:	Page 6 of 6		2/8/2019 6:37:47 AM PST	323962830	0 From; Meghan Smi
	D. If amen	ding any other inform	ation, enter change(s) here: (Attach addition	onal sheets, if necessary.)	
	<u></u> -		·		
	E. Effectiv	e date, if other than th	e date of filing:	(optional) be more than 90 days after	
	the date t	his document is filed by the l	Florida Department of State)		
	Dated _	February 8	, 2019		
			Galletuckum		
			Signature of a member or authorized representative	of a member	
			Jafaru Sule		
			Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

3239628300 From: Meghan Smith