N9000041684

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SECRETARY OF STATE
TALLAHASSEE, FL

ZOZZMAY 27 AM 9: I.

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IEC		tomer Care LLC		
SUBJEC	ı: <u></u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Riccardo Fantini		
			Name of Person	
		A to Z Customer Care LLG	Ĉ	
			Firm/Company	·
		620 Palm Blvd		
			Address	
		Weston, FL 33326.		
			City/State and Zip Code	
		BODYVIBE@GMAIL.CO E-mail address: (M to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please e	·	
Riccardo	Fantini		954 210-2186	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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)
	Mailing Addres Registration 5		Street Address: Registration Se	action
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 27 AM 9: 46

Zip Code

A to Z Customer Care LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

SECHLIGRY LESIME

(Name of the Limited Liability Company as it now appears on our records) LLAHASSEE. FU

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/19/2019 and assigned Florida document number L 19000041684

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)

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:

New Registered Office Address:	
	Enter Florida street address
	Florida

City

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raymond John Costello	2120 NW 91st Way, Sunrise, FL 33322	= Add
			□Remove
			🗆 Add
			□Remove
			□ Change
	-		□Add
			□Remove
			□Change
			□Add
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Not	ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	k does not meet the applica	to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 (3) listed as the
If the rec record is	cord specifies a delayed effective d s filed.	ate, but not an effective tir	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	ifter the
Date	ed	R. Farti	<u> </u>		
		A			