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.

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG FOLLOW ME GLOBAL LLC

Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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Corporate Filing Menu

HAPPR - 1 2021

2022 HAN S I

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOLLOW ME GLOBAL LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000065522	were filed on 03/07/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of	the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2022
	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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or This dicument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limited 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
AMBR	Tanja Tapuskovic	5400 BATES AVE.	□ Add
		SEMINOLE, FL 33772	<b>∕</b> Remove
			□Change
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