Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

: (800)494-3124

Fax Number

: (305)675-2811

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

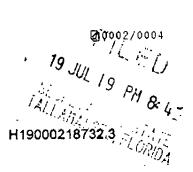
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BPO CENTER LLC

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

[15] 24 Rd 19 JUL 19

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	THE BPO CENTER LLC		
(Name of the Limited	Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)	,
The Articles of Organization for this Limited Lia Florida document numberL19000104746	bility Company were filed on _	APRIL 24, 2019	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company	<u>here</u> :	
FINANCIAL WARRANTY LLC			
The new name must be distinguishable and contain the wo	ds "Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	bl e :		<u> </u>
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address of the contract of	on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	JOHN DOYLE		
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	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 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.

/s/	John P	Doyle
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 $AMBR = A$	lanager uthorized Member		H19000218732 3
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHN DOYLE	465 BRICKELL AVE, APT 70	02
		MIAMI, FL 33131	Remove
			■ Change
			D Add
			☐ Remove
			□ Change
			Q.Change-O
			□ Change
			Add
			Remove
			[] \text{\text{Add}}
		·	□ Remove
			H190002187323

		H19000218732
		
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		F
tive date, if other tha	n the date of filing:(opt the must be specific and cannot be prior to date of filing or more than 90 days after	ional)
	this block does not meet the applicable statutory filing requirements, the Department of State's records. layed effective date, but not an effective time, at 12:01 e record is filed.	
JULY 19	2019	
	/s/ John P Doyle	
	Signature of a member or authorized representative of a member	
	1	
	JOHN DOYLÉ	