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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Internet	Listing Serv	ice LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jess:	Rame of Person	
		Name of Person	
•			
		Firm Company	\circ 1
	210	5 Wellington	Roach
	West	Palm Beach City State and Zip Code	FL. 33409
	E-mail address: (1	YOSIOUS (OO)	mail, (On
For further information co	oncerning this matter, please co	oll:	
Mark	Brasians	ari <u>561</u> , <u>31</u>	5 - 3768
Name of	Person	Area Code Daytime	Telephone Number
Englosed is a check for th	e following amount:		
S25.00 Filing Fee	S30.00 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 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 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Internet L	isting Service LLC
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000154616</u> .	pany were filed on 6 11 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited VOICE SCOVID O The new name must be distinguishable and contain the words "Limited I	ssistance LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 AUG 19 PH SEC: LAHASSEE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mark Brosious	2105 wellington road west Palm Beach, Fl	
			☐ Change
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	i i
E Effect	ive date if other than the date of filing:
E. Ellecc (If an ef	rive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
docun	nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) Th∈	90th day after the record is filed.
Dated	
Dure	
	Signature of a member or authorized representative of a member
	Jessica Komanaer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00