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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: VOICE Search ASSISTANCE Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Remainder Name of Person
Firm/Company
2105 Wellington Road
West Polm Beach, FL 33409 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jescica Ramanger at (Sc) 749 7233 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOICE SEARCH ASSISTANCE LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on o iability Company)	our records.)	• • •
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	11/19	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil. Search Assista The new name must be distinguishable and contain the words "Limited Liabil."	nce LLC	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		5.00	707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our record	ds, enter the name o	TOTAL
	Enter Florida sti	reet address	
	<i>C</i> 1	Florida	*P . 1 . t
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Cođe
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my o provided for in Chap	hities, and I am fan ter 605, F.S. Or, if i	niliar with and this document is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Mark Brosious	2105 Wellington Road	<u>}</u> ⊡∧dd
		2105 Wellington Road West Palm Beach, FL 3	34°9 ∠Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□(Channa

E. Effec	etive date, if other than the date of filing: (optional)
(lf an e	Etive date, it other than the date of filing:
docu	ment's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
record is	1 1
Dated	3 9 20