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S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Business Senice So. Name of Limited Liability Com	lution e V.R.N.T.5 LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following	:
Jenry Collin.	<u> </u>
Business Service St	
3105 NW 107 Andere	Ave Su, to 400
Doral F1 3	3172
City/State and  Nenv (a) X/4 x/5  E-mail address: (to be used for fut	Franct. Com  ure annual report notification)
For further information concerning this matter, please call:	86· 292-9009
Hame of Person at (Single Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certifie	Tiling Fee & □ \$60.00 Filing Fee, d Copy 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jusiness Service Solution V. R.N.T. 5 LLC.  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
--

The Articles of Organization for this Limited Liability Con-	ipany were filed on <u>July</u>	11. 201-(	_ and a	ıssign	ed
Florida document number <u>L19000166430</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company here:				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbr	eviation	-1L.C	· · ·
Enter new principal offices address, if applicable:					
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabs  Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	<u>SS)</u>	<u>.                                    </u>	<u> </u>	20	
		<u> </u>	AHAS:		<u> </u>
Enter new mailing address, if applicable:	· ·		SEF TO	6 ₹	<u>m</u>
(Mailing address MAY BE A POST OFFICE BOX)			1000 1000 1000 1000 1000 1000 1000 100	<del></del>	
		<u>.</u>	210	0	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our ess here:	records, <u>enter t</u>	<u>he nan</u>	<u>ie of</u>	the nev
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida stre	et address			<del></del>
		, Florida			<del></del>
	City		Zıp C	ede	
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 of the address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Redistered Agent, Signature of New Registered Agent

1. 11 20.6

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person occurs or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Name Title Elba Virginia Conzules fute 3105 NW 10 □ Add □ Change Mercudo Maria Alesandra 3105 HW 107 th Ave-□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00