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Office Use Only



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SECRETARY OF STATE
SECRETARY OF CORPORATIONS

brund

# **COVER LETTER**

| TO: Registration Section Division of Corpo |   |   |  |                                    |
|--|---|---|--|------------------------------------|
| SUBJECT:                                   | ilice Global<br>Name of Lin                     | nited Liability Company   | <del></del>  |                                    |
| The enclosed Articles of An                | nendment and fee(s) are sub                     | omitted for filing.   |  |                                    |
| Please return all correspond               | ence concerning this matter                     | to the following:   |  |                                    |
|  | Forrest   | Hamm<br>Name of Person  |  |                                    |
|  | Vice  | Firm/Complany   |  |                                    |
|  | 5965  | Sticling Road   | #125   |                                    |
| -  | E-mail address: (                               | Chy/State and Zip Code  Chy/State and Zip Code  To be used for futtyle annual report notifi | mail.com   | SECRETA<br>SECRETA<br>19 SEP       |
| For further information cone               |   |   | Curron   | ARY CO                             |
| Fostast<br>Name of Pe                      | Hamm  | at ( <u>305</u> ) <u>746 - (</u><br>Area Code Daytime                                       | DG & 3<br>Telephone Number   | OF STATE<br>REORATIONS<br>PM 4: 18 |
| Enclosed is a check for the fo             | ollowing amount:                                |   |  |                                    |
| \$25.00 Filing Fee                         | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                         | ☐ \$60.00 Filing Fee<br>Certificate of Sta<br>Certified Copy<br>(additional copy is en | itus &                             |

### 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

| (Name of the Limited Liability Come) (A Florida Limited  | pany as it now appears on our records.) d Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Companies Florida document number \( \begin{align*} \be | by were filed on July 18 2019 and assigned                   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited lia  N  The new name must be distinguishable and contain the words "Limited Liab  | <del></del>  |
| Enter new principal offices address, if applicable:  | omity Company. The designation "LLC."                        |
| (Principal office address MUST BE A STREET ADDRESS)  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | SE 30 PM L   |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.   | office address on our records, enter the name of the new     |
| Name of New Registered Agent:  | <u>1                                    </u>                 |
| New Registered Office Address:   | N/A  |
|  | Enter Florida street address                                 |
|  | 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.

If Changing Registered Agent, Signature of New Registered Agent

If aniending 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 = A     | Authorized Member |              |         |               |               |                |
|--------------|-------------------|--------------|---------|---------------|---------------|----------------|
| <u>Title</u> | <u>Name</u>       |              | Address |               |               | Type of Action |
| ·            |                   | HIF          | See     | next          | PAGE          |                |
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|              |                   |              |         |               |               | Change         |
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|                             | ing any of                     |  |                             | only                  | 1                             | my                                 | +,+le   | 6 F               | CEO   |
|-----------------------------|--------------------------------|--|-----------------------------|-----------------------|-------------------------------|------------------------------------|---|-------------------|---|
|                             | to                             | be   | ch.                         | angeo                 | to                            | PAES                               | SIDENT  |                   |   |
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| an effective<br>Note: If th | e date is fiste<br>e date inse | ra, the date<br>rted in th                   | : must be sp<br>is block de | ecific and ca         | nnot be prior<br>t the applic | to date of filin<br>able statutory | 24 20<br>g or more than 90<br>y filing requirer | ) days after fili | al)<br>ng.) Pursuant to 605.02<br>de will not be listed |
| e record<br>The 901         | specifie:<br>:h day af         | s a dela<br>ter the                          | iyed effe<br>record i       | ctive dat<br>s filed. | e, but no                     | t an effect                        | ive time, at                                    | 12:01 a.m         | n. on the earlier                                       |
| ated                        | Sep                            | lemb   | 70                          | rust                  | Zol                           | A.                                 | ntative of a memb                               | er                |   |
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Page 3 of 3

Filing Fee: \$25.00