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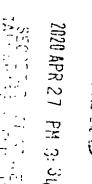
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COVER LETTER

TO:

Registration Section Division of Corporations

SALES FORCE INTERNATIONAL, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Raquel B. Mowrer Name of Person ON TARGET BUSINESS SOLUTIONS LLC Firm/Company 7021 GRAND NATIONAL DR. STE 100 Address ORLANDO, FL 32819 City/State and Zip Code office@rmontarget.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raquel Mowrer Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALES FORCE INTERNATIONAL, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L19000185716	pany were filed on 07/18/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The Bridge Worldwide, LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the na	20 0 A DR 27 ame of the new register
Name of New Registered Agent:		\$ ' 5
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 th 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being a
or removed from our records:	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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			□Change

	Business Name Change.
(If an Not	effective date, if other than the date of filing:
If the re- record is	cord 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 sfiled.
Dat	ed April 23rd 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee