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Division of Corporations

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From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Pax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKOOP SERVICES, LLC

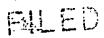
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OCT 2 1 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SKOOP SERVICES, LLC	2013 OCT 18 A Nº 14	
(Name of the Limited Liability Company of A Florida Limited Liability Company of The Articles of Organization for this Limited Liability Company of Florida document number 1,19000233389	v as it now annears on our records )	
The Articles of Organization for this Limited Liability Company	were filed on 09/24/2019 11/2 and assigned	
Florida document number L19000233389		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ry 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)		
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:		
	Enter Florida street address	
	, Florida City Zip Code	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> KATTAWAR, RACHEL	Address 1502 SW 24TH ST STE 200	Type of Action
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/18/2019 11:55 AM D. If amending any	15612148442 other information, enter (	→ 18506176383 change(s) here: (Attach additional sheets, if necess	p <sub>i</sub> arv.)
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E. Effective date, if	other than the date of fili	ng: (option nd cannot be prior to date of filing or more than 90 days after fi	<b>al)</b> line i Pursuant to 605.020
Note: If the date in	nserted in this block does not	meet the applicable statutory filing requirements, this d	late will not be listed a
document's effecti	ve date on the Department of	State's records.	
If the record speci- (b) The 90th day	fies a delayed effective after the record is filed	date, but not an effective time, at 12:01 a.i i.	n. on the earlier o
Dated October 18		2019	
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	(1, )		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00