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SECRETARY OF STATE
TALLARIASSEE, FL

O SIMMONS

'JAN 13 2020

COVER LETTER

TO:	Registration Sec Division of Corp			
CUD ITA		SICAL SUPPORT LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please ro	eturn all correspon	dence concerning this matter	to the following:	
		NATALIA MEDEIROS		
			Name of Person	
		CSG - CAPITAL SERVIC	ES GROUP INC	
			Firm/Company	
		1191 E NEWPORT CENT	TER DR #103	
			Address	
		DEERFIELD BEACH, FL	33442	
			City/State and Zip Code	
		NATALIA@THEWAYGR E-mail address: (OUP. BIZ to be used for future annual report notif	ication)
For furth	ner information co	ncerning this matter, please co		
NATAL	JA MEDEIROS		954 427-4770	
	Name of	Person	at () Area Code Daytime	ication) Telephone Number
Enclosed	d is a check for the	e following amount:		
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. 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

M3 TECHINICAL SUPPORT LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}19000234527}{\text{L}}$.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
M3 TECHNICAL SUPPORT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		SEA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	, Flo	rida Zio Code
New Registered Agent's Signature, if changing Registered Agent:	•	zą, ciac
I hereby accept the appointment as registered agent and agr 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.	ee to act in this capacity. I fur, performance of my duties, and provided for in Chapter 605, F	d I am familiar with and E.S. Or, if this document is

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
			Add
			□ Remove
			Change
			□ Remove
			CO DE hange
			ASSET DECEMBER
			ASSEE S
			FI A CHange
			Add
			Remove
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			Remove
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Effective date, if other th					(optio	nal)	
If an effective date is listed, the Note: If the date inserted i document's effective date of	n this block doe	s not meet the	applicable sta				
ne record specifies a c The 90th day after t			ut not an e	ffective time,	at 12:01 a	.m. on the ear	lier o
OCTOBER 24		2019					
		$\overline{}$	Zum				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00