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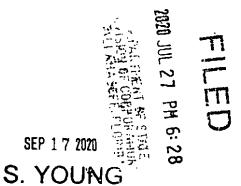
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CUDIF <i>C</i> T.		TELECAMPUS BPO LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	endence concerning this matter	to the following:			
		NATALIA ARCUS				
			Name of Person	<del></del>		
			Firm/Company			
		9150 PINEVILLE DRIVE				
			Address			
		LAKE WORTH, FL 3346	7			
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report not	ification)		
For further i	nformation c	oncerning this matter, please ca	aH:			
NATALIA .			954 391-0475 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	S30.00 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)		
Re	iling Addres	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
	J. BUX 032 Hahassee H		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA TELECAMPUS BPO 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 Company were filed on  $\frac{01/07/2020}{1}$ Florida document number \_\_\_\_\_\_120000013811 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: NATALIA ARCUS Name of New Registered Agent: 9150 PINEVILLE DRIVE New Registered Office Address: Enter Florida street address LAKE WORTH

## 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 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
PRES	NATALIA ARCUS	NATALIA ARCUS	Add
		9150 PINEVILLE DRIVE	□Remove
		LAKE WORTH, FL 33467	<b>■</b> Change
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		07/21/2026	n				
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ord specifies a delayed effe filed.	etive date, but n	not an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day a	after the
JULY 21		2020	·				
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Filing Fee: \$25.00