## L20 0000 40432

| (R                      | equestor's Name)        |             |
|-------------------------|-------------------------|-------------|
|                         |                         |             |
| (Ac                     | ddress)                 |             |
|                         |                         |             |
| (A:                     | ddress)                 |             |
| ·                       | •                       |             |
|                         | ity/State/Zip/Phone #)  | <del></del> |
| (C)                     | ity/State/Zip/Pilone #) |             |
| PICK-UP                 | ☐ WAIT                  | MAIL        |
|                         |                         |             |
| (B                      | usiness Entity Name)    |             |
|                         |                         |             |
| (D                      | ocument Number)         |             |
| ,                       | ,                       |             |
| Contition Contra        | Cartificates of         | Ctatura     |
| Certified Copies        | Certificates of         | Status      |
|                         |                         |             |
| Special Instructions to | Filing Officer:         |             |
|                         |                         |             |
| ī                       |                         |             |
|                         |                         |             |
|                         |                         |             |
|                         |                         | İ           |
|                         |                         |             |
|                         |                         |             |
| L                       | <del>-</del>            |             |

Office Use Only



100350600441

08/19/20--01014--017 \*\*25.00

2020 F. S. 13 BH 7: S.1

C. GOLDEN 0CT - 5 2020

## **COVER LETTER**

| Division of Co            | orporations                                  |   |  |
|---------------------------|--|---|--|
| CONSUL<br>SUBJECT:        | TACTION LLC                                  |   |  |
|                           | Name of Lin                                  | nited Liability Company   |  |
|                           |  |   |  |
| The enclosed Articles of  | of Amendment and fee(s) are sub              | omitted for filing.   |  |
| Please return all corresp | oondence concerning this matter              | to the following:   |  |
|                           | LOVETTE DOBSON                               |   |  |
|                           |  | Name of Person  |  |
|                           | INCFILE.COM LLC                              |   |  |
|                           |  | Firm/Company  | · · · · · · · · · · · · · · · · · · ·  |
|                           | 17350 STATE HWY 249                          | STE 220   |  |
|                           |  | Address   | <del></del>  |
|                           | HOUSTON, TX 77064                            |   |  |
|                           |  | City/State and Zip Code   |  |
|                           | EFILE1234@INCFILE.CO                         | M to be used for future annual report not                           |  |
| For further information   | concerning this matter, please c             | ·   | meanon)  |
|                           | concerning this matter, please c             | dii.  |  |
| LOVETTE DOBSON            |  | 855 829-9090<br>at ()   |  |
| Name                      | of Person                                    | Area Code Daytim  | ne Telephone Number  |
| Enclosed is a check for   | the 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) |

TO:

**Registration Section** 

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

|   | ACTION LLC   | - 2020 ''' \ 19 PH 7: 5    |
|---|--|----------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | any as it now appears on our records.)<br>Liability Company) |                            |
| The Articles of Organization for this Limited Liability Company Florida document number L20000040432                | were filed on 02/03/2020                                     | and assigned               |
| This amendment is submitted to amend the following:   |  |                            |
| A. If amending name, enter the new name of the limited liab   | pility company here:   |                            |
| 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:   | 6250 ROLLING ROAD DR   |                            |
| (Principal office address MUST BE A STREET ADDRESS)   | PINECREST, FL 33156  |                            |
|   |  |                            |
| Enter new mailing address, if applicable:   | 6250 ROLLING ROAD DR   |                            |
| (Mailing address MAY BE A POST OFFICE BOX)  | PINECREST, FL 33156  |                            |
|   |  | <del></del>                |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the                            | name of the new registered |
| Name of New Registered Agent:   |  |                            |
| New Registered Office Address:  |  |                            |
|   | Enter Florida street address                                 |                            |
|   | , Florida  | l                          |
|   | City   | Zin 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.

Zip Code

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 |
|--------------|---------------------|----------------------|----------------|
| AMBR         | ODMAR ALMEIDA FILHO | 6250 ROLLING ROAD DR | □ Add          |
|              |                     | PINECREST, FL 33156  | □Remove        |
|              |                     |                      | ☐ Change       |
|              |                     | <del></del>          |                |
|              |                     | <del></del>          | □Remove        |
|              |                     | <del></del>          | Change         |
|              |                     |                      | □ Add          |
|              |                     |                      | □Remove        |
|              |                     | <del></del>          | Change         |
| <u>-</u>     |                     |                      | □Add           |
|              |                     |                      | Remove         |
|              |                     |                      | Change         |
|              |                     |                      |                |
|              |                     |                      | Remove         |
|              |                     |                      | □Change        |
| <del></del>  |                     |                      | □Add           |
|              |                     |                      | □Remove        |
|              |                     |                      | □ Change       |

|  |                                       |   | <del></del>                   |
|--|---------------------------------------|---|-------------------------------|
|  |                                       |   |                               |
|  |                                       |   |                               |
|  | <del> </del>                          |   | <del></del>                   |
|  |                                       |   |                               |
|  | · · · · · · · · · · · · · · · · · · · |   |                               |
|  |                                       | <del>_</del>  |                               |
|  |                                       |   |                               |
|  | <del></del>                           |   | _ <del></del> _               |
|  |                                       |   |                               |
|  |                                       |   |                               |
|  |                                       |   |                               |
|  |                                       |   |                               |
|  |                                       |   |                               |
| <del></del>  |                                       |   |                               |
|  |                                       |   |                               |
|  |                                       |   |                               |
|  |                                       |   |                               |
|  |                                       |   |                               |
|  |                                       |   |                               |
| · · · · · · · · · · · · · · · · · · ·  |                                       |   |                               |
|  | <u> </u>                              | ·   |                               |
|  |                                       |   |                               |
|  |                                       | <del></del>   |                               |
|  |                                       |   |                               |
|  | ie date of filing:                    | (opt  | ional)                        |
| Effective date, if other than the  | block does not meet the applic        | to date of filing or more than 90 days after the battery filing requirements, the | is date will not be listed as |
| If an effective date is listed, the date n   |                                       |   |                               |
| If an effective date is listed, the date n<br>Note: If the date inserted in this   | Department of State's records.        | •   |                               |
| If an effective date is listed, the date n<br>Note: If the date inserted in this   | Department of State's records.        | •   | -                             |
| If an effective date is listed, the date n  Note: If the date inserted in this document's effective date on the  | •                                     | ime, at 12:01 a.m. on the earlier of: (l  |                               |
| If an effective date is listed, the date n  Note: If the date inserted in this document's effective date on the e record specifies a delayed effect              | •                                     |   |                               |
| If an effective date is listed, the date n  Note: If the date inserted in this document's effective date on the erecord specifies a delayed effected is filed.   | ive date, but not an effective ti     |   |                               |
| rd is filed.   | ive date, but not an effective ti     | ime, at 12:01 a.m. on the earlier of: (   |                               |
| If an effective date is listed, the date n Note: If the date inserted in this document's effective date on the e record specifies a delayed effect rd is filed.  | ive date, but not an effective ti     | ime, at 12:01 a.m. on the earlier of: (   |                               |
| If an effective date is listed, the date n  Note: If the date inserted in this document's effective date on the e record specifies a delayed effect rd is filed. | ive date, but not an effective ti     | ime, at 12:01 a.m. on the earlier of: ()  |                               |
| If an effective date is listed, the date n  Note: If the date inserted in this document's effective date on the e record specifies a delayed effect rd is filed. | ive date, but not an effective ti     | ime, at 12:01 a.m. on the earlier of: (   |                               |