Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

\*\*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 **CROWD TRANSCRIPTION SERVICES, LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CROWD TRANSCRIPTION SERVICES,  |  |                       |                           |
|--|--|-----------------------|---------------------------|
| (Name of the Limited Linh<br>(A Flor   | oility Company as it now appears on our records.) ida Limited Liability Company) |                       |                           |
| The Articles of Organization for this Limited Liability  | Company were filed on MARCH 20, 2020   | and assigned          |                           |
| Florida document number L20000084776   | <del></del> .  | 20:                   |                           |
| This amendment is submitted to amend the following:  |  | 2020 HAR 3            |                           |
| A. If amending name, enter the new name of the li  | imited liability company here:   | ≈<br>3                | -                         |
| The new name must be distinguishable and contain the words "I  | .imited Liability Company," the designation "LLC" or th                          | e abbreviation "Lanc" | ه ساست<br>اعتصد<br>اعرباط |
| Enter new principal offices address, if applicable:  | <u> </u>   | _                     |                           |
| (Principal office address MUST BE A STREET AD  | DRESS)   |                       | _                         |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                    |  |                       | _<br>_                    |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her | ered office address on our records, <u>enter the r</u><br>e:                     | name of the new regis | –<br><u>tered</u>         |
| Name of New Registered Agent:  |  | ····                  | _                         |
| New Registered Office Address:   | Enter Florida street address   |                       |                           |
|  | , Florida  | 1                     | _                         |
|  | 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 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 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           |
|--------------|-------------|---------------------|--------------------------|
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