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(Req	juestor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:		tration Section of Cor						
SUBJE	·CT·	Zee's I	Products & Services LI	_C				
oodji.			Name of Lim	ited Liability Company				
The enc	closed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please 1	return a	ll соптевро	ndence concerning this matter	to the following:				
				Sonia Becerra				
				Name of Person				
Swyft Filings, LLC								
Firm/Company								
3 Greenway Plaza #1320				TĂĹ	2020			
Address					21	2020 SEP -	-[:	
	Houston, Texas 77046				ASSE	翌上	[
				City/State and Zip Code		ריז. ריז	(T) - 12	
				filings@swyftfilings. to be used for future annua		(aoi)	PM 2: 35	
For fur	ther inf	ormation c	oncerning this matter, please c				35	
		Sonia B	ecerra	ut (877)	777-0450			
		Name o	f Person	Area Code	Daytime Te	lephone Number		
Enclose	ed is a c	check for th	ne following amount:					
X \$25	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Certificate (Certified Co (additional co)	of Status & apy	
		Registr Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327	Registra Division Clifton	T/COURIER ation Section to of Corporation Building	ons.		
		P.O. Be		Clifton				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zee's Products & Service		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	06/16/2020	and assigned
Torida document numberL20000165785		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
McAfee Services LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C "
Citter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2670
	<u> </u>	
	AS:	7 -
Inter new mailing address, if applicable:		2 - 111
Mailing address MAY BE A POST OFFICE BOX)	<u>'''</u>	<u> </u>
	G.	
		35 35
3. If amending the registered agent and/or registered office address on	our records, enter t	he name of the
egistered agent and/or the new registered office address here:		
Number of Many Desciotored Asserts		
Name of New Registered Agent:		
New Registered Office Address:	 	
Enter Flori	da street address	
	, Florida	
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.

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 of femoved from our records:

MGR ≡ Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
		 	Change
			🗆 Add
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ective date, if other tha	n the date of filin			(2	optional)	
effective date is listed, the da	ate must be specific and	d cannot be prior to	date of filing or m	ore than 90 days	after filing []	
te: If the date inserted in tument's effective date on			ore statutory ming	g requirements	, this date w	in not be fisted :
record specifies a de he 90th day after the			an effective t	ime, at 12:0)1 a.m. o	n the earlier
ed August	16th	. 2020	·	_		
×	1//					
	Signature of a	wember or anthor	zed representative	nt'a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00