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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERLEFIN GLOBAL SERVICE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERILEFIN GLOBAL SERVICE LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it new appears on our reco- liability Company)	<u>rds.)</u>
The Articles of Organization for this Limited Liability Company		
Florida document number L20000279126		and assigned
This amendment is submitted to amend the foilowing:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The your name and the state of		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· <b>_</b>	
(Principal office address MUST BE A STREET ADDRESS)		
		72
Enter new mailing address, if applicable:		<b>25 F</b> At C.R
Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
``		- CS
9		
I. If amending the registered agent and/or registered office ad	dress on our records, <u>enter</u>	the name of the Rew register
gent and/or the new registered office address here:		25 <b>F</b>
Nome of New Death and		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
· · · · · · · · · · · · · · · · · · ·	E).	oride.
	City , F10	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

i

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

Title	<u>Name</u>	Address	Type of Action
MGR "	VIVERO, ALEXANDRA	10010 BAY LEAF CT	
<i>u</i> •		PARKLAND, FL 33076	
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Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The distribution of the date o	he 90th day after	after the
ffective date, if other than the date of filing:  (optional)  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.  Otte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date		
ffective date, if other than the date of filing:  on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of the filing.	e will not be listed	listed a
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