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2022 APR -7 AMII: 57
SECRETARY OF STATE

COVER LETTER

Division of Corpo			
SUBJECT: BILLING	Name of Limit	Services LLC led Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
		Car Camo Mende	
	Bilingo trav	Southern Services Firm/Company	UC_
	P.O. 1307	X 441055 Address	
	Jacksonv	City/State and Zip Code	12
	Acar Camo 90 E-mail address: (to	be used to future annual report notific	cation)
For further information con-	cerning this matter, please ca	11:	
Daniela Carca Name of Po		at (904) 53 (Area Code Daytime	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)
_			

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

Bilings Translation Ser (Name of the Limited Liability Compai (A Florida Limited L	vices LC	O22 AF
(Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears on our records.) iability Company)	ASS T
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 342898</u>	10.1	2020 Sand 秦signed 52 52 52 52 52 52 52 52 52 52 52 52 52
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	470 Mg	nterey PKWy
(Principal office address MUST BE A STREET ADDRESS)	<u>Orange</u>	rark, FL 300 13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ido.
		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:

	uthorized Member	A del wood	Type of Action
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
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an effectiv ote: If t	date, if other than the date of filing:	
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	April 4 . 2022.	
	Signature of a member or authorized representative of a member	