4/14/2021



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(((H21000149252 3)))



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Division of Corporations

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From:

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Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
0.0.15		TDISPATCH LLC			
SUBJE	CT:	Name of Limi	ted Liability Company		
The enc	losed Anicles of a	Amendment and fee(s) are subt	nitica for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
			Nume of Person		
		Legalzoom.com, Inc.			
			Fim/Company		
		101 N Brand Blvd 11th Fl			
		-	Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		Bmbracing (@gmail.com			
		E-mail address: (I	o be used for future annual re	eport nontreation)	
For furt	her information co	oncerning this matter, please co	ill:		
Cheyen	ine Moseley			-0888	
	Name of	Person	at () Area Code	Daytime Telephone Number	
Enclose	d is a check for th	e following amount:			
□ \$25	.00 Filling Fee	□ \$30,00 Filing Fee & Certificate of Statos	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate ( osed) Certified Co	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L21000111752  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	ONTARGETDISPATCH LLC	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:		on 03/08/2021 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	dment is submitted to amend the following:	
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B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	office address MUST BE A STREET ADDRESS)	
	nending the registered agent and/or registered office address	ess on our records, enter the name of the
	attend the new registered direct above.	
Name of New Registered Agent:	Name of New Registered Agent:	APR F
New Registered Office Address:  Enter Florida street address	New Registered Office Address:  Enter	
City Florida Cocle	City	Florida

## 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 affice 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
AMBR	Juan Rubio Benavides	15875 Fishhawk View Drive Lithia, FL 33547	<b>⊜</b> ∧dd
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			☐ Change
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D. If amendir	ng any other information, ent	er change(s) here: (Attach addition	al sheets, if necessary.)	
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E. Effective d	ate, if other than the date of f	Tling: c and cannot be prior to date of filing or more	(optional)	(02.00.00.43.43.
(II an effective Note: If th	e date is fisted, the date must be specifi to date inserted in this block does t	e and cannot be prior to date of fiting of more	e man 90 days after thing.) Fursuant to be to decirements, this date will not be t	histed as the
	effective date on the Department		•	
If the record	specifies a delayed effective	ve date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of:
(b) The 90t	h day after the record is fil	ed.		
Dated At	onl 7 <sup>tu</sup>	2021		
124164 7 <u>7.1</u>	onl Tru			
	( ) - 1			
-	Signature	of a member or authorized representative of	a member	•

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Typed or printed name of signee

Filing Fee: \$25.00