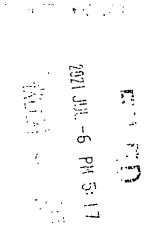
121000297280

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700368903027



O BRUCE JUL 25 1011

COVER LETTER

FOREX
Company
ing.
ing:
of Person
Company
3rd WAY
33321 and Zip Code
Atture annual report notification)
· , ·
rea Code Daytime Telephone Number 7
Diffling Fee & S60.00 Filing Fee, Ged Copy onal copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>MultiNAtion</u>	Altorex		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>しょしゅっょり テル</u> 8		16/86	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
		<u></u>	j
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE BOX)	 -		cn ·
		:-:	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records,	enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	t address	
		Florida	
	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
MUR	Allan Rizzoni	- 7341 NW 83-LWAY	Xdd
		7341 NW 83-LWAY TAMARAC, FL, 73321	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		A STATE OF THE STA	Remove U Change GAdd
			Change
			99Add
		1.	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change

			, , , , , , , , , , , , , , , , , , ,			-
						_
			<u> </u>			-
<u></u>						-
						-
					 .	_
						-
						-
						-
		······································				_
				<u> </u>	2021	
			. <u> </u>	ALLE	<u> </u>	- T
					-6 <u>-</u> 6	
				···	위 (5)	
			<u> </u>		 	_
CC A A A A A A A A A A A A A A A A A A	Aboutoto of filings		(0	ptional)		
ffective date, if other than an effective date is listed, the date inserted in the date.	te must be specific and cannot	be prior to date of filing applicable statutor	g or more than 90 days:	after filing.) Pur	suant to 60 not be lis	05.0207 sted as
ocument's effective date on t	the Department of State's	records.				
record specifies a delayed eff I is filed.	fective date, but not an effe	ective time, at 12:01	a.m. on the earlier o	f: (b) The 90	th day aft	ter the
Dated						
Dated	\ \					