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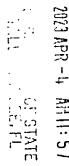
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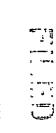
Office Use Only



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14/04/10 (010) (HIN) **21.11





COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: Cer	tified-Su	viss LLC		
300000CT	Name of Lim	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	ě.	20
Please return all correspond	ence concerning this matter	to the following:	至少	1023 AFR
	Justin	S+0\Z Name of Person		
	<u>Lertifie</u>	Pirm/Company		AHII: 57
	1569 S. j	Federal Hw	4	
	Fort Lau	derdale, FL City/State and Zip Code	33316	
	E-mail address: (to be used for future annual report notif	ication)	
For further information cond	terning this matter, please c	all:		
Justin S-		at (954) 540 - Area Code Daytime	- 8670 Telephone Number	
Enclosed is a check for the f	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 Sta Certified Copy (additional copy is e	atus &
Mailing Address: Registration Sec Division of Cor		<u>Street Address:</u> Registration Sec Division of Corp		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Certified-Swiss LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L210</u>00301391 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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
AMBR	Mark Agostinelli	12285 NW 8/5+5+	- □Add
		D. 1-10 1 F1 3305	⊡Remove
AMBR	Justin Stolz	Parkland, FL 3307 1569 S. Federal H	Change □Change
			□Remove
		Fort Landerdale, FL 33	B316 □Change
			□Add
			2023 ☐ Remove
		OF STATE	Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

lyped or printed name of signee