121000356450

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COVER LETTER

Division of Corp	OTHE LIMIT LLC		
SUBJECT:		ited Liability Company	
201	10 ()	16 . 5V	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JOSE RODRIGUEZ		
		Name of Person	
	PUSH IT TO THE LIMIT	LLC	
		Firm/Company	
	1470 NE 125TH TER. 501		
		Address	
	MIAMI, FL		
		City/State and Zip Code	· · ·
	DEMARCO@VISPEEDD/		
	E-mail address: (to be used for future annual report noti	lication)
For further information con	ncerning this matter, please c	all:	
JOSE RODRIGUEZ		980 2300393 at ()	
Name of	Person		e 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		Street Address	

TO: Registration Section

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**

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number L21000356450.		and assig	ıned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
NOTICEABLE DATING LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.	C."	
Enter new principal offices address, if applicable:	1470 NE 125TH TER, UNIT 501.			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nan	ne of the new	regis	
New Registered Office Address:		ئ <u>ر</u> س		
	Enter Florida street address	-0		
	, Florida	Zip Code		

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.

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
			□Change
	- 		□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Effective date, if other than the d	late of filing:	e prior to date of filing	or more than 90 days after	onal) r filing) Pursuant to 605 0207
Note: If the date inserted in this bloc	ck does not meet the a	applicable statutory	filing requirements, thi	s date will not be listed as
locument's effective date on the Dep	partment of State's re-	cords.		
and and an experience of the control of the control of	date, but not an effec	tive time, at 12:01 a	.m. on the eartier or: ()	o) The 90th day after the
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Jated	; 2021	r authorized apresent	ative of a member	