

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL
2024 OCT 10 PM 1:52
FILED

RECEIVED
2024 OCT 10 PM 1:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROI EXECUTIVE SEARCH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROI EXECUTIVE SEARCH, 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 08/23/2024 and assigned Florida document number L24000370995.

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 "L.L.C."

Enter new principal offices address, if applicable:

11231US Highway 1 Suite 416

(Principal office address MUST BE A STREET ADDRESS)

North Palm Beach, Florida 33408

Enter new mailing address, if applicable:

11231US Highway 1 Suite 416

(Mailing address MAY BE A POST OFFICE BOX)

North Palm Beach, Florida 33408

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

Florida

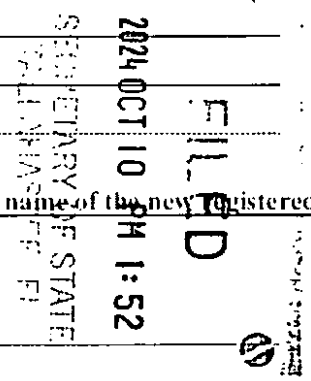
City

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Resource Options International, Inc.	11231US Highway 1 Suite 416	<input checked="" type="checkbox"/> Add
		North Palm Beach, Florida 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Flowbridge Holdings, Inc.	11231US Highway 1 Suite 416	<input checked="" type="checkbox"/> Add
		North Palm Beach, Florida 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Person	Handley, Brandt	11231US Highway 1 Suite 416	<input checked="" type="checkbox"/> Add
		North Palm Beach, Florida 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

