P0500152440

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2018 SEP 26 AM II: I

C. GOLDEN SEP 2 7 2018

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	LI NETWO	ORK INC
DOCUMENT NUMBER:	0500015	2440
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
TZ	VI HERSK	:0VITZ
	Name of Contact Person	1
FU	1 NETWOJ	RKINC.
	/ NETWO) Firm/ Company	
21661 2	SONOMA	CT
	Address	
BOCA R	PATON, FL	- 33433
	City/ State and Zip Code	
Un	09549 QGA	MAII COM
	sed for future annual report	
,	•	·
For further information concerning this matter, pleas	se call:	
TZVI HERSKOVITZ	at (561	400-9549 de & Daytime Telephone Number
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	riment of State:
□ \$35 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		ment Section
P.O. Box 6327		n of Corporations Building
Tallahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2018 SEP 26 AM 11: 17

SECRETARY OF STATE TALLAHASSEE, FL

ELI	I NETWORK INC TALLAHASSER
(Name of Corporation	on as currently filed with the Florida Dept. of State)
F	P05000152440
	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	rporation:
ORGANIZE	EXPERTS INC The new
name must be distinguishable and contain the word	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	: 21661 SONOMA CT
(Principal office address <u>MUST BE A STREET ADDR</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(wy sour)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second of the second	istered Agent: I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	<u> </u>		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament is not concarned in the amendment itsen.
(i) nor applicable, maletic MA)	
(I) not applicable, incactae N/A)	/V/A
(у пол аррисаоте, такае пол	/V/A
(g not applicable, matcale NA)	/V/A
(у пол аррисаоте, такае пол	
(y nor appricable, malcale NA)	/V /A
(у пол аррикаоне, пласате пля)	/V/A
(y nor appricable, malcale N/A)	/V /A
(y not applicable, malcale N/A)	/V/A
(y nor applicable, malcale N/A)	/V /A

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
TZVI HERSKOVITZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	