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13 SEP 18 PH IZ: 4.0
SECRETARY OF STATE
TAILABLE CONTRACT

C Amora
9/20/13

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	CTiHeSe Name of Limite	rvices, LLC ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Anthon	y Gioja Name of Person	
н .	RealMi	etrix, 22C Firm/Company	
		rational Parku	·
	LakeMa anthony, c	city/State and Zip Code gioia@realmeto be used for future annual report notificati	-ix.net
For further information con	cerning this matter, please ca	11:	
Anthony Name of P	Giora erson	at (407) 212 - 11 Area Code & Daytime Te	194 elephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
			,

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	OF			13 SEP 18 PH 12: 4
(Name of the Limited L.	Title	Service as it now appears	on our records.)	SECRETARY OF STAT TALLAHASSFE, FLÖRU
			1 1	7 7 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
The Articles of Organization for this Limited Lial	bility Company w	vere filed on 2	112/04	and assigned
Florida document number <u>L 04000811</u>	<u>659</u> .	,	·	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company	"," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	c/o Anto 801 Inter Lake Mo	hony Gioi national Pary, FL	a Kwy, 544Floor 32746
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:			
Name of New Registered Agent:		nthony	Gioia	54h Floor Iress
New Registered Office Address:	801 Int	ernational Enter	PKwy. <u>e</u> r Florida street add	54h Floor Iress
	Lake	Mary	, Florida	32746 Zip Code
New Registered Agent's Signature, if changing Re		Cuy I		Zip Coae
I hereby accept the appointment as registered	agent and agree	e to act in this cap	acity. I further ag	ree to comply with

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Name **Title Address** Type of Action MGRM Leslie C. Loughlin 3401 Monza Dr. Add Sebring, FL 33872 Remove MGRM Terry J. Loughlin 3401 Monza Dr. Add Sebring, FL 33872 Remove MGRM RealMetrix, 22C 801 International Pkwy, X Add
Sty Floor
Lake Mary, FL 32746 Remove Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
,	***************************************
ted	August 12, 2013.
	Signature of a member or authorized representative of a member
	Anthony Giora
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00