Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROETZEL & ANDRESS
Account Number : I20000000121
Phone : (239)649-6200

Fax Number : (239)261-3659

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

Email Address:_

20 OCT 20 A

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRINCIPAL REVIEW, LLC

Certificate of Status	0
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Page Count	03
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20 OCT 20

Electronic Filing Menu

Corporate Filing Menu

Y SULKEP OCT 21 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCIPAL REVIEW, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
the Articles of Organization for this Limited Liability Company lorida document number 1.17000138302	were filed on 6/26/2017	and assi	igned
lorida document number			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
cetireAware, LLC			
ne new name must be distinguishable and contain the words "Limited Liabi	hiy Company," the designation "LLC" or the	abbreviation "L.	L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		<u></u>	
Inter new mailing address, if applicable:			•
Mailing address MAY BE A POST OFFICE BOX)			
Thing users, and a barrier of the same of			
3. If amending the registered agent and/or registered office:	address on our records, enter the m	ame of the nev	v regist
gent and/or the new registered office address here:		292	
	,	2020 OC	177
Name of New Registered Agent:			• i
		. 0	
New Registered Office Address:	Enter Florida street address	<u>. 2:</u>	, • 1
		·	J
	Flo rida	Zip Code	
	C .		

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 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>	Name	Address	Type of Action
			□ Add
			DRemove
			□ Change
			C]Remove
			□Change
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Note: Ii	e date, if other than the ive date is listed, the date must the date inserted in this blacks of the Details on the D	ock does not me	eet the applicabl	date of filing or me le statutory filing	op ore than 90 days aff g requirements, the	tional) er filing.) Persuant t nis date will not be	u 605.0207 c listed as
record s d is filed	specifies a delayed effectiv	e date, but not a	an effective time	e, at 12:01 a.m. c	on the earlier of:	(b) The 90th day	after the
Dated	10 / 16		2020	. •			
		al al	2020 Xoff neinber or authorize	zed representative	of a manhar		_
		Signature of a m	icanoci or authoriz	лен герлововшите	OLD THOMBOT		

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