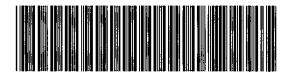
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COVER LETTER

	ion Section of Corporations		1+41
01 L	Livescan Fingerprint LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.		
Please return all co	orrespondence concerning this matter to the following:		
	Mukesh Patel		
	Name of Person	22	:
	01 Livescan Fingerprint LLC		
	Firm/Company	2014 HOV 12 SECRETARIO FALLAHASS	47.42.44 47.42.44 2.4
	1503 W Prospect RD	, · · · · · · ·	
	Address		J
	Fort Lauderdale, Florida-33309	T. F. STATE	
	City/State and Zip Code	77-	
	01livescan@gmail.com		
	E-mail address: (to be used for future annual report notification)		
For further inform	nation concerning this matter, please call:		
Mukesh Pate	954 383-5160		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a chec	ck for the following amount:		
□ \$25.00 Filing	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

01 Livescan Fingerprint LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000094732</u>	were filed on 07/02/2013	and assigned
This amendment is submitted to amend the following:		2014 NOV 12
A. If amending name, enter the new name of the limited liab	ility company here:	24 5
# Livescan Fingerprint LLC		200
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:	-	,=c
(Principal office address MUST BE A STREET ADDRESS)		77 CO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		. ,
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
Non-Basistand Asset 12 Class Ave 16 1 1 1 B 14 1 1 A	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>tle</u>	<u>Name</u>	Address	Type of Acti
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			Remove
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