110000009014

(Re	questor's Name)	
(Ad	dress)	
	ldress)	
(Au	idless)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(D)	ai Entity Na	
(80	isiness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	ĺ

Office Use Only



200304905002

200304905002 10/27/17--01022--028 #25.08

2017 OCT 27 KM 9: 55

K. SALY OCT 3 1 2017

COVER LETTER

Division of Cor			
48 SOFTW	'ARE AND SERVICES, LLC		
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEX D. SIRULNIK		
		Name of Person	
	ALEX D. SIRULNIK, P.A	۸.	
		Firm/Company	
	2199 PONCE DE LEON I	BOULEVARD, SUITE 301	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	ADS@SIRULNIKLAW.C	OM to be used for future annual report notifi	indian)
Paragraph of the Committee of the com-			(Cit (OII)
For turiner information c	oncerning this matter, please c	iii:	
ALEX D. SIRULNIK		305 443-7211 at (
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	re following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



48 SOFTWARE AND SERVICES, 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 Co		and assigned
Florida document number 1.10000009014		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Parameter and the second section of the second section		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered agent and/or the new registered office additional and/or the new registered agent and/or the new registered agent agent and/or the new registered agent agent agent and/or the new registered agent agen		ords, enter the name of the new
registered agent and/or the new registered office additi	Cas Here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	dhess
		, Florida
	Сцу	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HAYDEE BONIN	·····	_ _ _ _ _ _ _ _ _ _ _ \
			■ Remove
			☐ Change
			□ Add
			□ Remove
		<u></u>	
			Remove Conference
			Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Chann.

							
•		 				-	
,	···					<u>-</u>	2
							ي الله
							
					<u> </u>		
(If an et <u>Note:</u>	ffective date is li If the date in	other than the date sted, the date must be sp serted in this block d	secific and cannot boos not meet the	se prior to date of applicable statt	filing or more than 90	(days after filing.)	Pursuant to 605 0207 (fill not be listed as th
docun	ment's effectiv	e date on the Departi	nent of State's re	ecords.			
The	e 90th day	ies a delayed effo after the record i	s filed.				
Dated	J OCTOBER	<u> </u>	. 2017	· ·			
		—	Med U	Muu or authorized rep.	resentative of a mem	ber	
			U.				

Page 3 of 3

Filing Fee: \$25.00