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COVER LETTER

TO: Amendment Section **Division of Corporations**

LIBRA NAME OF CORPORATION:	ARY AND INFORMATIO		VORK, INC.
N97000000	244		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment ar	nd fee are submitted for fi	ling.	
Please return all correspondence concern	ning this matter to the fol	lowing:	
Andrew Anderson			
	(Name of C	Contact Person)	
Library and Information Resources Net	work, Inc.		
	(Firm/	Company)	
25400 US Highway 19 North, Suite 220)		
	(A	ddress)	
Clearwater, FL 33763			
	(City/ State	and Zip Code)	
andrew@lirn.net			
E-mail addres	ss: (to be used for future a	innual report notification	1)
For further information concerning this r	natter, please call:		
Andrew Anderson		727 at	536-0214x100
(Name of C	ontact Person)		(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the	: Florida Department of S	State:
	Filing Fee & \$\sum \\$43.75 F ate of Status Certified (Addition enclosed)	Copy Certification Copy is Certification	O Filing Fee cate of Status led Copy cional Copy is sed)
Mailing Address		Street Address	

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

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

Articles of Amendment to Articles of Incorporation of

LIBRARY AND INFORMATION RESOURCES NETWORK, INC.	Agent of the second of the sec
(Name of Corporation as currently filed	with the Florida Dept. of State)
N97000000244	25H JUN 20 A H: 27
(Document Number of Co	1 7
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>I</i> amendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The nev
name must be distinguishable and contain the word "corporation" or "Company" or "Co." may not be used in the name.	"incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addre	oss in Florida anter the name of the
new registered agent and/or the new registered office address:	ess in Plottua, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(City	
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	ith 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 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 = Clear Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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. The 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 Chamike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	<u>V Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	DILORETO, CAMILLA	25400 US HWY 19 N
Add			SUITE 220
X Remove			CLEARWATER, FL 33763
2) Change	D	Jay, Ober	25400 US HWY 19 N
Add			SUITE 220
X Remove			CLEARWATER, FL 33763
3) Change			<u> </u>
Add			
Remove			
4) Change	···-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
N/A	
	
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		dment(s) adoption:	, if other tha
date	this document was		
Line		June 17, 2019	
EH	ective date <u>if appli</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date wate on the Department of State's records.	rill not be listed as the
Ade	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(t for approval.	s)
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	June 17, 2019	
	Signature	Andrew J Anderson	
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Andrew J Anderson	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	