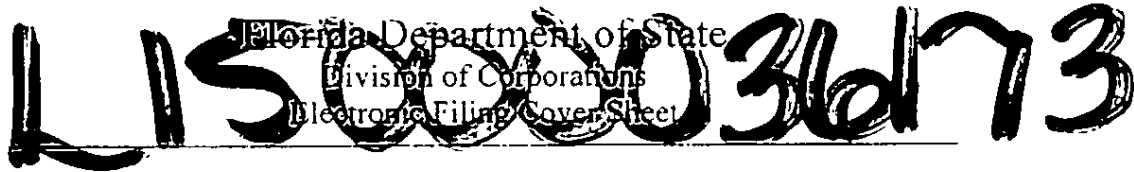


Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6333

From:

Account Name : WATSON SLOANE JOHNSON PLLC.
Account Number : I20150000117
Phone : (407) 622-6751
Fax Number : (866) 440-1211

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOPDESK USA DCS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
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ARTICLE
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOPDESK USA DCS, 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 Company were filed on 02/26/2015 and assigned
Florida document number L15000036173.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|-------------------------|--|
| MGR | Nancy Van Eisacker Louisnord | 12301 Lake Underhill Rd | <input type="checkbox"/> Add |
| | | 247-251 | <input checked="" type="checkbox"/> Remove |
| | | Orlando, FL 32828 | <input type="checkbox"/> Change |
| Officer | Amber Heistan | 12301 Lake Underhill Rd | <input checked="" type="checkbox"/> Add |
| | | 247-251 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32828 | <input type="checkbox"/> Change |
| Officer | Ruben Franzen | 12301 Lake Underhill Rd | <input checked="" type="checkbox"/> Add |
| | | 247-251 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32828 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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AMBR
MGR
OFFICER

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal blue or grey lines across its entire surface. The lines are parallel and extend from the left margin to the right edge. There are no vertical lines, text, or other markings present on the page.

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 9/13 2019

 Signature of a member or authorized representative of a member
 Ruben Franzen, Authorized Representative

 Typed or printed name of signee