Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Pax Number

: (561)694-1639

\*\*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

SERVICENET EXP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OPPLYCHMET BYD 11 C		- Conduction
SERVICENET EXP, LLC (Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number £05000102552		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	dstered office address on our records, dress here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	City	ZIP COOF

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>	Address	Type of Action
MGR	Richards, Steven	2100 S IH 35 Frontage Rd, Suite 200	
		Austin, TX 78704	B Remove
			☐ Change
MGR	Garrett, Jr., Thomas	2100 S IH 35 Frontage Rd, Suite	
		Austin, TX 78704	Remove
			Change
MGR Stephen Duggan	Stephen Duggan	2100 S IH 35 Frontage Rd, Suite 200	Add
		Austin, TX 78704	□ Remove
		Change	
MGR	Michael F. Zendan II	2100 S IH 35 Frontage Rd, Suite 200	
		Austin, TX 78704	
			☐ Change
			Add SEP
			Remove
			Li Change
			Remove
			Change

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: Effective d	late, if other than the	e date of filin	1g:			optional)	
Note: If th	e date is listed, the date in e date inserted in this l s effective date on the	block does not	meet the applic	apie Statutory ii	r more than 90 day: ling requirement	s after filing.) Pi s, this date wi	явиант to 605.0207 (3 Il not be listed as th
the record  The 90t	specifies a delaye th day after the re	ed effective cord is filed	date, but no	ot an effectiv	e time, at 12:	01 a.m. on	the earlier of:
Dated Sep	tember 6th		2019				
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Page 3 of 3

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