From: James Tanks III

8/5/22, 11:37 AM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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 **AUTHORITY SOFTWARE, LLC**

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

Help

AUG 05 2022

K. Brumbley

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Authority Software, LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	It now appears on our records.) ity Company)	
The Articles of Organization for this Limited I	liability Company wer	e filed on	and assigned
Florida document number L06000062416	·		
This amendment is submitted to amend the fol	lowing:		
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 C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)	1868 88 at 188 (a	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or		ess on our records, enter the na	ame of the new registered
agent and/or the new registered office address	ess here:		2022
Name of New Registered Agent:	CT Corporation Sys	lem	ZAUG
New Registered Office Address:	1200 South Pine Isla		-5 FIE
		Enter Florida street address	
	Plantation	, Florida	3332 E
		Circ	Zgr <u>Q</u> ade W

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.

C.T Corporation System Stephence Honey

If Changing Registered Agent, Signature of New Registered Agent Stephanie Hencz Assistant Secretary

From; James Tanks III

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2022-08-05 09:46:01 CST

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Kyoung Kim	7142 N University Drive, #211, Tamarac FL 33321	≣ ∧dd
			[]Remove
			[] Change
MGR	Natalie Perez		□Add
		7142 N University Drive, #211, Tamarac FL 33321	≣Remove
			Change
MGR	Louis Mandie		
		7142 N University Drive, #211, Tamarac FL 33321	ERemove
			Change
			🗀 Add
			Remove
			□Change
			DAdd
			□Remove
			Change
			DAdd
			Remove
			l It'lmano

To:

DocuSign Envelope ID: 0588BA49-8571-42A5-8490-5F9CCE15635B

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
	
Note: If	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to seffective date on the Department of State's records.
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	August 4 2022
	— Descributed by
	Signature of a member or authorized representative of a member
	Kyoung Kim