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SECRETARY OF STATE

T. CLINE

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | . (| | | |
|--|----------------------------------|--|---|---|
| SUBJECT: Advanced Software | Services International | , LLC | | |
| | (Name of Limited Liability | | ···· | |
| The enclosed Articles of Amendment and Please return all correspondence concerni | . , | _ | | |
| r tease return an correspondence concerns | ng tins matter to the followi | ng. | | |
| S. Robert | | | | |
| | (Name of | Person) | | |
| Advanced | Software Services In (Firm/Co | | | |
| 7150 Fain | | | | |
| | (Addr | ess) | | |
| Miramar, | FL 33023-6536 (City/State and | d Zin Codo) | | • |
| The first of the state of | | a zip code) | | |
| For further information concerning this m | atter, please call: 150 bers == | ing the second of the second of | i vi porves engações vinto | * # * * * * * * * * * * * * * * * * * * |
| S. Robert Rubin | Q | 54) 985-8835 | | y ig g ^{ar} |
| (Name of Person) | at (50 | (Area Code & Daytime T | Celephone Number) | |
| Professional and Code Cilia i | | | SECRI | 2008 APR |
| Enclosed is a check for the following amo | | | HAS | → 1) |
| \$25.00 Filing Fee \$30.00 Filing Certificat | te of Status Certific | Filing Fee & ed Copy on all copy on all copy is enclosed) | \$60.00 Filing Conversed Control Control Conversed Conver | is & |
| | | | A | င်း |
| MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 |] | STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons r Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Software Services International, LLC

| (Name of the Limited | Liability Company as it now appears or Florida Limited Liability Company) | our records.) | | |
|--|--|--------------------------|------------------|----------|
| The Articles of Organization for this Limited L | iability Company were filed on <u>05/14/</u> | 2007 | and assigne | d |
| Florida document number <u>L07000050749</u> | | | | |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liability company here: | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited Liability Company," | the designation "LL | .C" or the abbre | viation |
| B. If amending the registered agent and/or registered agent and/or the new registered of | | records, <u>enter th</u> | e name of th | e new |
| Name of New Registered Agent: | | : | 2008 SEC | |
| New Registered Office Address: | 8362 Pines Blvd, # 397 | | APR I | *1000000 |
| | | Florida street addr | 解び EFR A | |
| | Pembroke Pines, FL 33024 (City) | , Florida | FE CORD | |
| New Registered Agent's Signature, if changing F | Registered Agent: | | | |

(If Changing Registered Agent, Signature of New 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Portfolio Operations, LP 8362 Pines Blvd, # 397 <u>MGRM</u> **√** Add Pembroke Pines, FL 33024 Remove ☐ Add Remove MGRM_ **MGRM** Faster Checking Inc 4000 N 29th Ave Add Hollywood, FI 33021 Remove □Add Remove \Box Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated 04/07/2008 Signature of a member or authorized representative of a member

Typed or printed name of signee

S. Robert Rubin

Page 2 of 2

Filing Fee: \$25.00