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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: Registration Se Division of Con | | | |
|-------------------------------------|--|--|---|
| SUBJECT: | DataMatri | x LLC | |
| SOBOBET! | (Name of Limi | ited Liability Company) | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | J Simmo | ns. | |
| | | (Name of Person) | |
| | DataMatr | ix LLC | |
| | | (Firm/Company) | |
| | 7512 Dr. | Phillips Blvd | |
| | | (Address) | . |
| | Orlando, | FL 32819 | |
| | | (City/State and Zip Code) | |
| For further information of | concerning this matter, please c | all: | 2019 HAR 25 SECRETAR TALLAHASS |
| J Simmo | ns | at () 407.672.68 | 386 25 25 ARY |
| (Name | of Person) | (Area Code & Daytime T | |
| Enclosed is a check for t | the following amount: | | 7710x |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| REIMATRIX LLC | | | | |
|---|---|-----------------------------|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records. Jability Company) | • | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 1/24/2008 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| DataMatrix LLC | | | | |
| The new name must be distinguishable and end with the words "Limit" L.L.C." | ted Liability Company," the designation | n "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | 7512 Dr. Phillips Blvd | 77 S 200 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, FL 32819 | CR TA | | |
| Enter new mailing address, if applicable: | 7512 Dr. Phillips Blvd. | SET OF THE | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Orlando, FL 32819 | 2: 50 STALE LOFILO | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: | | er the name of the new | | |
| TION TEGERITO CITION TECHNOLOGY. | (Enter Florida stree | t 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 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 Changing Registered Agent, Signature of New Registered Agent)

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 = MGRM | Manager = Managing Member | | |
|---------------|------------------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| <u> </u> | | | |
| | | | Add Remove To |
| D. If an | nending any other information, ent | ter change(s) here: (Attach additional sheets, if necessary.) | Remove |
| | Name Change To: | | _ |
| | DataMatrix | x LLC | _ _ _ |
| Dated _ | March 23 | , <u>2009</u> . | |
| | | a member or authorized representative of a member | |
| | ., | J. Simmons Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00