

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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G. MCLEOD

EXAMINER



10/07/10--01024--025 **25.00

FILED
10 OCT -7 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PDF Conversion Technologies, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maura Toler

Name of Person

ADTS Programs LLC

Firm/Company

4829 Rum St.

Address

Keller, TX 76244

City/State and Zip Code

spp.maura@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maura Toler

Name of Person

at (817)

741-6653

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

PDF Conversion Technologies, 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 January 24, 2008 and assigned
Florida document number L08000008449.

This amendment is submitted to amend the following:

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

Simplified Policy Processing, LLC

The new name must be distinguishable and end with 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)

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TALLAHASSEE, FLORIDA

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 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

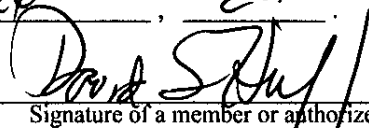
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 24, 2010



Signature of a member or authorized representative of a member

David S. Huff, Manager

Typed or printed name of signee

**PDF CONVERSION TECHNOLOGIES, LLC
UNANIMOUS WRITTEN CONSENT OF MEMBERS IN LIEU OF A MEETING**

September 24, 2010

Pursuant to the provisions of Chapter 608.4231 of the Florida Limited Liability Company Act, as amended, the undersigned, being all of the Members of PDF Conversion Technologies, LLC, a Florida Limited Liability Company (the "Company"), hereby adopt, by this unanimous written consent in lieu of a meeting (this "Written Consent"), the following resolutions with the same force and effect as if they had been unanimously adopted at a duly convened meeting of the Members of the Company (the "Members").

WHEREAS, the Members of the Company have met informally since the date of formation and now wish to memorialize, ratify, confirm and approve their decisions in this Written Consent; and

WHEREAS, the Members of the Company wish to change the name of the Company from PDF Conversion Technologies, LLC to Simplified Policy Processing, LLC;

NOW, THEREFORE, the following resolutions are hereby ratified, confirmed and approved:

RESOLVED: That each of the following-named individuals is hereby elected to the office of the Corporation set forth opposite his or her name below to hold office until the Annual Meeting of the Corporation or until his or her successor is duly elected and qualified:

Manager: David S. Huff

and it is further

RESOLVED: The Manager of the Company is hereby authorized and instructed to file any and all past Annual Report filings with the Secretary of State of the State of Florida in order to bring the Company's status into Good Standing; and it is further

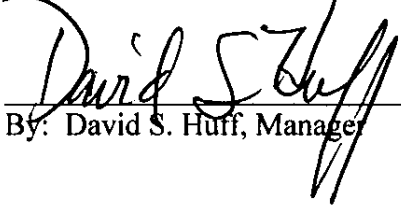
RESOLVED: The Manager of the Company is hereby authorized and instructed to file a Limited Liability Company Reinstatement form with the Secretary of State of the State of Florida in order to reinstate the Company's formation in the State of Florida; and it is further

RESOLVED: To amend the Certificate of Formation of the Company to change the name of the Company to Simplified Policy Processing, LLC and to direct the Manager of the Company to file such documents with the Secretary of State of the State of Florida to affect such name change; and it is further

RESOLVED: That the Manager of the Company is authorized to do or cause to be done any and all such acts and things and execute and deliver any and all documents and papers as they may deem necessary or appropriate to carry out the purposes of the foregoing resolutions.

This Written Consent shall be effective as of the date above when it (or one or more counterparts hereof) has been executed by all of the undersigned Members of the Company.

ADTS PROGRAMS LLC


By: David S. Huff, Manager