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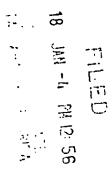
| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| ro: | Registration Section Division of Corpora | | | |
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| SUBJE | CT: | Agile Name of Limite | omads LL ed Liability Company | |
| The enc | losed Articles of Ame | endment and fee(s) are subm | itted for filing. | |
| Please r | eturn all corresponder | nce concerning this matter to | the following: | |
| | _ | Bri | an Burric | lge |
| | | | Name of Person | |
| | - | - | Firm/Company | |
| | - | 9551 5 | unbel+5+ | ¥307 |
| | | Tampa, | FL 3363 City/State and Zip Code | 5 |
| | _ | | Chystate and zip Code DUTTIGE be used for future annual rep | |
| For furt | her information conce | erning this matter, please cal | II: | |
| _ | Brian I | <u>Surridge</u> | at (<u>727)</u> Area Code | 55-8438 Daytime Telephone Number |
| | | | | |
| Enclose | ed is a check for the fo | ollowing amount: | | |
| 9 \$25 | 0.00 Filing Fee C | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose | □ \$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

Agile Nomads

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 ___ This amendment is submitted to amend the following: 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 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) 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 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 = M $AMBR = A$ | lanager uthorized Member | | |
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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the an effective date is listed, the date motore: If the date inserted in this becament's effective date on the | ust be specific an block does not | d cannot be prior meet the applic | to date of filing able statutory | or more than 90 filing requires | (optiona) days after filir ments, this da | ig.) Pursuan | t to 605.02 be fisted |
| e record specifies a delaye The 90th day after the re | | | ot an effecti | ve time, at | 12:01 a.m | . on the | earlier |
| ated December | 29 | 201 | L. Bwi | <i>;</i> | | | |
| | 15 | your th | DW | rules | | | |

Page 3 of 3

Filing Fee: \$25.00