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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 120080000078 Phone : (863)294-3360

Phone : (863)294-3360 Fax Number : (863)299-5498

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dalyander petersenmus. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IF&D DATASUITES, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

|  | ASUITES, LLC   |                         |
|--|--|-------------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite  | nany as is now annears on our records.) d Liability Company) |                         |
| The Articles of Organization for this Limited Liability Compartion for this Limited Liability Compartion of the Liability Compartion of the Liability Comparting Comp | ny were filed on August 17, 2009                             | and assigned            |
| This amendment is submitted to amend the following:  |  | 78.                     |
| A. If amending name, enter the new name of the limited is  | ability company here:  | 8 9                     |
| The new name must be distinguishable and contain the words "Limited Lie  | ability Company," the designation "LLC" or th                | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                         |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>   |                         |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |  | 1                       |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  | office address on our records, <u>en</u><br>tore:            | ter the name of the new |
| Name of New Registered Agent:  |  |                         |
| New Registered Office Address:   | Enter Porida street address                                  |                         |
|  | , Ploride  |                         |
|  | City   | Zip Code                |
| New Registered Agent's Signature, if changing Registered Age   | <u>nt:</u>   |                         |

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 famillar 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 he eby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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## (((H18000008786 3)))

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                          | Address                      | Type of Action |
|--------------|-------------------------------|------------------------------|----------------|
| Manager      | Protected Trust, LLC          | 199 Avenue B, NW, Suite 240  | bAdd           |
| <u></u>      |                               | Winter Haven, FL 33881       | ■ Remove       |
|              |                               |                              | Change         |
| President    | President Carl J. Strang, III | 56 4th Street, NW, Suite 200 |                |
|              |                               | Winter Haven, FL 33881       | Remove         |
|              |                               |                              | Change         |
| VP           | Ingram Leedy                  | 199 Avenuo B, NW, Suite 240  |                |
|              |                               | Winter Haven, FL 33881       | Remove         |
|              |                               |                              | ☐ Change       |
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|              |                               | <u></u>                      | □ Remove       |
|              |                               | <u> </u>                     | ☐ Change       |
|              |                               |                              |                |
|              |                               |                              | □ Remove       |
|              |                               |                              | Change         |
|              |                               |                              | Add            |
|              |                               | <u> </u>                     |                |
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## (((H180000087863)))

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| Note: 1 | (optional) elive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days offer filling.) Pursuant to of the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be interestive date on the Department of State's records.  Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the lead 90th day after the record is filled. | ,            |
| ine     | ,  |              |
|         | Throng 3 , 248   |              |
| Dated_  | 1 /- 1/  |              |
| Daleu _ | Signature of a member or authorized representative of a nicinber   | •            |
| LANGU _ | Signature of a member or authorized representative of a member  Carl J. Strang, III, President  Typed or printed name of signee  |              |

Filing Fee: \$25.00

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January 8, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IF&D DATASUITES, LLC P.O. BOX 7378 WINTER HAVEN, FL 33883

SUBJECT: IF&D DATASUITES, LLC

REF: L09000079361

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a LP/LLLP, this company is a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H18000006892 Letter Number: 818A00000381

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