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P. HORRIS



CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 3.99770 AUTHORIZATION (:2 COST LIMIT : \$ 25.00 ORDER DATE: December 9, 2016 ORDER TIME : 9:22 AM ORDER NO. : 399770-005 CUSTOMER NO: 4301463 DOMESTIC AMENDMENT FILING NAME: MY PERSONAL DATASAFE LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY PERSONAL	DATASAFE LLC					
(Name of the Limited Liability Comme (A Florida Limited	ony as it now appears on our reco Liability Company)	ords,)				
The Articles of Organization for this Limited Liability Company	were filed on <u>9/8/2009</u>	and assigned				
Florida document number <u>L0900086262</u>						
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	principal offices address, if applicable: 193 Greene Ave.					
(Principal office address MUST BE A STREET ADDRESS)	Sayville, NY 11782					
	102 C A	4 5				
Enter new mailing address, if applicable:	193 Greene Ave.					
(Mailing address MAY BE A POST OFFICE BOX)	Sayville, NY 11782	5 5				
		i 390				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our reco <u>e</u> :	rds, enter the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	Esta Elaida de ada ada	L				
	Enter Florida street address					
-	City	Florida 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 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 = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action □ Add □ Remove ☐ Change DbA 🖳 □ Remove _□ Change D Add □ Remove ☐ Change DbA □ □ Remove _□ Change _□ Add □ Remove ☐ Change ☐ Remove -☐ Change

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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and ear ock does not meet epartment of State	nnot be prior to du it the applicable e's records.	te of filing or more the statutory filing req	uirements, this date	g.) Pursuant to 6 e will not be li	sted a	s the
ne record specifies a delayed The 90th day after the rec	l effective date ord is filed.	e, but not an	effective time	e, at 12:01 a.m.	on the ear	lier d	of:
Dated	; <u></u>	2016					
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