## L09000121409

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J. SRVANJ DEC **2 9** 2009 EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: W	Green LLC		
SCBSECT. VO		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
,	William E	STCON Name of Person	99 DEC
		Firm/Company	C 28 ETAR
	13520 Pad	Address	PILEU  DEC 28 PH 1:01  ECRETARY OF STATE  LLAHASSEE, FLORIC
	Riverview, F	-City/State and Zip Code	RIDA
	billgreen. Fl	o be used for future annual report notifica	ion)
For further information c	oncerning this matter, please c	all:	
William 1 Name o	E Green f Person	at ( <u>813)</u> 737 - 70 Area Code & Daytime T	-lo7 clephone Number
Enclosed is a check for th	•		•
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons ·

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	ipany as it now appears on our records.)				
(A Florida Limited	npany as it now appears on our records.) ed Liability Company)				
The Articles of Organization for this Limited Liability Compar Florida document number <u>LD900131409</u> .	any were filed on 19100 3009 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	iability company here:				
Software Stat LLC					
The new name must be distinguishable and end with the words "Lin"L.L.C."	cimited Liability Company," the designation "LLC" or the abbrevial	_ tiot			
Enter new principal offices address, if applicable:	\$\overline{\Pi}\sigma\overline{\Pi}\sigm				
(Principal office address MUST BE A STREET ADDRESS)	Sign Th	_			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	TARY OF STATE ASSEE, FLORIDA	- ) -			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the n here:	iev			
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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necess	sary.)
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Dated	, - 1	·•	RRIDE OF
	William E. C	1 reen	75
		er or authorized representative of a member	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00