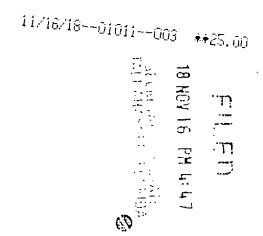
L09000 122105

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | rsiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| SUBJECT: Pandera | a Systems, LLC | | |
| | Name of Lim | ited 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: | |
| | Rouselle A. Sutton | | |
| | Rouselle A. Sullon | Name of Person | |
| | Thompson, Jaglal, | and Sutton P A | |
| | mompson, Jagiar, | Firm/Company | |
| | 4767 New Broad Str | reet | |
| | | Address | |
| | Orlando, FL 3281 | 4 | |
| | · | City/State and Zip Code | |
| | bo.sutton@thomps | onjaglal.com | · · · · · · · · · · · · · · · · · · · |
| | | to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please c | all; | |
| Rouselle Sutton | | at () 601-6604 Area Code Daytime | , |
| Name o | f Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for th | ne 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

| Pandera Sys | tems, LLC | | |
|--|--------------------------------------|----------------------------|---------------------|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears bility Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company we Florida document number L09000122105 | ere filed on | 12/24/2009 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabilit | ty company her | <u>·e</u> : | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the de- | signation "LLC" or the abl | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | · | <u> 57</u> |
| | | | |
| | | | ¥ 0 - |
| Enter new mailing address, if applicable: | | | 0 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <i>(</i> 1) |
| inding didicis in it be in to story to both | | | 1 |
| • | | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | ce address on | our records, <u>entegr</u> | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florie | la street address | |
| | | , Florida | |
| | Cuy | | 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 |
|----------------|--------------------|------------------------|---|
| MGR | Gregory S. Arndall | 310 King Estates Drive | ⊠ Add |
| | | Milton, GA 30075 | □ Remove |
| | | | ☐ Change |
| MGR | Matthew Thomas | 1135 Golfview Street | ⊠ Add |
| | | Orlando, FL 32804 | □ Remove |
| | | | Change Add Remove To Change Add Add Add Add Add Add Add |
| | | | Remove |
| | | | □ Change |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Changa |

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| an effective date is ote: If the date is | other than the date of listed, the date must be specif inserted in this block does ive date on the Departmen | ic and cannot be prior to not meet the applicab | o date of filing or more ole statutory filing re | (option than 90 days after fil equirements, this d | ing) Pursuant | 10 605.020 be listed a |
| record speci The 90th day | fies a delayed effecti after the record is fi | ve date, but not led. | an effective tim | e, at 12:01 a.n | n. on the | earlier (|
| ated | November 9 | 9th 2018 | | / | | |

Page 3 of 3

Filing Fee: \$25.00