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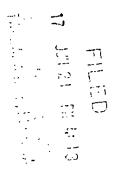
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
	TECHNOLOGY AND PROCI	ESSES, LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	[Amendment and feets) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NICOLE BUONAMIA		
		Name of Person	
	PEOPLE, TECHNOLOG	Y AND PROCESSES, LLC	
		Firm Company	
	2135 HARDEN BLVD		
		Address	-
	LAKELAND FL 33803		
		City State and Zip Code	
	NICOLE BUONAMIA@ P	to be used for future annual report notification)	
For further information	concerning this matter, please e	·	
NICOLE BUONAMIA		813 498-0486 EXT 101	
Name	of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy radditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy)s enclosed?
Regist Divisi P.O. I	JNG ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEOPLE, TECHNOLOGY AND PROCESSES, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10.06.2010 and assigned
Florida document number L10000104711	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "I imited Liabi	thity Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	2135 HARDEN BLVD
(Principal office address MUST BE A STREET ADDRESS)	LAKELAND FL 33803
Enter new mailing address, if applicable:	2135 HARDEN BLVD
(Mailing address MAY BE A POST OFFICE BOX)	LAKELAND FL 33803
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :
	Enter Florida street address, Florida
	Cuv 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager uthorized Member		
Title	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			☐ Change
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			Remove
			Change
			Change
			- Remove

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ective date, if other than the officetive date is listed, the date must e: If the date inserted in this bloument's effective date on the De	ck does not meet t	the applicable sta	tutory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605.0 vill not be listed
ecord specifies a delayed ne 90th day after the reco		, but not an e	ffective time, a	t 12:01 a.m. (on the earlie
JUNE 16TH	20)17			
0	· _				
Mucole 15	Signature of a memb	oer or authorized re	presentative of a me	nber	
•			,		·
NICOLE BUONAMIA					

Page 3 of 3

Filing Fee: \$25.00