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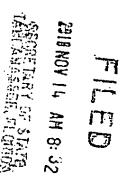
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Peo	ple, Technolog Name of Lind	y and Processes	uc		
	Amendment and feets) are sub- indence concerning this matter				
	Nicole Buc	Name of Person	1	_	
	Repole Techno	ology and Process	es uc!		
	2135 Harden	1 Bud Address		TEMPARATE THE	
	Lakeland Fl	33803 City/State and Zip Code		M 8: 32	
	Nicole, buon E-mail address:	mia Opto-11c. Ca	ication)	第 2	
For further information e	oncerning this matter, please c	all:			
Nicole Ba	uonamia r Person	at (<u>813</u>) <u>679 - 8</u> Area Code Daytime	3376 Felephone Numbe	:r	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Certifie	are of Status &	
ман.	ING ADDRESS:	STREET/COURI	ER ADDRESS;		

Registration Section
Division of Corporations
P.O. Box 6327

P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

People Technology on (Name of the Limited Liability Compa	d Processes LLC. inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $10 \cdot 6 \cdot 10$ and assigned
Florida document number <u>L10000104711</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	_
Enter new principal offices address, if applicable:	8621 E. Dr. Martin Luther King Jr. Blue Tampa, FL 33610
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Fl 33610
Enter new mailing address, if applicable:	8621 E.Dr. Martin Luther King Jr. Blvd.
(Mailing address MAY BE A POST OFFICE BOX)	8621 E.Dr. Martin Luther King Jr. Blvd. Tampa, Fl 33610
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:	Enter Florida street address Florida Florida
	City (Tode

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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ective date, if other than the effective date is listed, the date in tee. If the date inserted in this fourment's effective date on the listense.	ne date of filing: must be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 le statutory filing requirem	(optional) days after filing) Pursuant to 605.02 nents, this date will not be listed
record specifies a delaye he 90th day after the re	ed effective date, but not accord is filed.	an effective time, at :	12:01 a.m. on the earlier
	er 5th. 2018		! !
0.000	Signature of a member or authoric		

Page 3 of 3

Filing Fee: \$25.00