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COVER LETTER

TO: Registration Sec Division of Corp		
APS Softwa	are Consulting, LLC	
SUBJECT.	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing. undence concerning this matter to the following:	
	Robert D. Berger Jr.	
	Name of Person	
	APS Software Consulting, LLC	
	Firm/Company	
	6736 Valhalla Way	
	Address	
	Windermere, FL 34786	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	E-mail address: (to be used for future annual report notification) Oncerning this matter, please call:	
Lynn B. Aust, Esquire	407 447-5399	
Name of	f Person Area Code Daytime Telephone Number	C
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Cepy Certificate of Status & Certified Copy (additional copy is enclosed) 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

APS Software Consulting, LLC		
(Name of the Limited I (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number £10000113625	lity Company were filed on November 1, 2010	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	- 111 (111 - 11
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	rathe name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	
	Cit.	7 in 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>	Name	Address	Type of Action
MGRM	Berger, Robert D. Jr.	6736 Valhalla Way	Add
		Windermere, FL 34786	■ Remove
			☐ Change
AMBR	Berger, Robert D. Jr.	6736 Valhalla Way	Add
		Windereinere, FL 34786	□ Remove
			Change
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			Add SCRETTING Remove Remove
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			Remove
			Change
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