

12/18/2014 12:35 FAX 17520  
12/18/2014

BLALOCK WALTERS

001/004

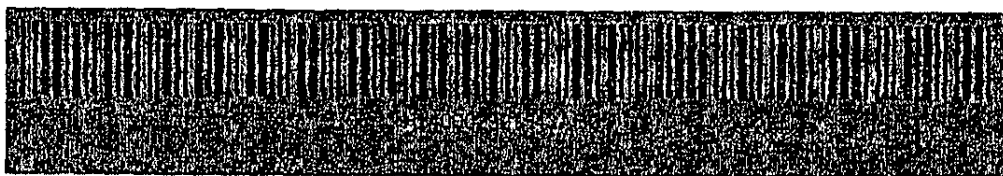
# L11000648004

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H14000292154 3)))



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Fax Number : (850)617-6383

From: Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: epennington@blalockwalters.com

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14 DEC 18 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKCOMB SOFTWARE, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 18 AM 9:49

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H140002921543

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blackcomb Software, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 14 DEC 18 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 22, 2011 and assigned Florida document number L11000048004

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Montgomery	4515 19th Street Ct. E	<input type="checkbox"/> Add
		Bradenton, FL 34203	<input checked="" type="checkbox"/> Remove
MGR	Adam Montgomery	4515 19th Street Ct. E	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 TALAHASSEE, FLORIDA

H14000292154 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 18 2014

*Mike Montemurro*

Signature of a member or authorized representative of a member

MIKE MONTEMURRO Managing Member

Typed or printed name of signer

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