611000097649

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)
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(Bu	siness Entity Name)
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ACCOUNT NO.	: I2000000195
REFERENCE	: 175704 4338256
AUTHORIZATION	Spulle de man
COST LIMIT	: 65.00
ORDER DATE : June 12, 2014	
ORDER TIME : 8:53 AM	
ORDER NO. : 175704-010	
CUSTOMER NO: 4338256	
DOMESTIC AM NAME: JABIL GLOBAL S	ENDMENT FILING ERVICES, LLC
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO:	RPORATION
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	NDING
CONTACT PERSON: Emily Gray 1	EXT# 62925
·	DYNMINDDIC INTERNIC.

COVER LETTER

		stration Sect sion of Corpo				
CHID IEC			Services, LLC		•	
SUBJEC	-1; _		Name of Limit	ed Liability Company		
The enclo	osed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	turn a	all correspond	lence concerning this matter	to the following:		
			Matthew Flaherty			
				Name of Person	· · · · · · · · · · · · · · · · · · ·	
			Kirkland & Ellis LLP			
				Firm/Company		
			601 Lexington Ave			
				Address		
			new York, NY 10022			
				City/State and Zip Code		
			mflahert@kirkland.com			
			·	to be used for future annual re	port notification)	
For further	er inf	ormation con	cerning this matter, please ca	all:		
	<u>.</u>	Name of P	erson	at () Area Code	Daytime Telephon	e Number
Enclosed	isac	check for the	following amount:			
\$25.00	0 Fili	ng 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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, Flor	
New Registered Office Address:	Enter Florida str	eet address
Name of New Registered Agent:		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the nev
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
		11: 1 The second
		<u>స్ట్ర్లి ఆ</u> సౌక
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new principal offices address, if applicable:		Co anua
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the desig	nation "LLC" or the abbreviation
iQor Global Services, LLC		
A. If amending name, enter the new name of the lin	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number L11000097649		
The Articles of Organization for this Limited Liability	Company were filed on August 25, 2011	and assigned
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
Jabil Global Services, LLC		

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 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
	·		Remove
			Add
			[]
			Remove
			Add
			Remove
			Add
			Remove

. If amending any other informa	tion, enter change(s) here: (Attach additional sheet.	s, if necessary.)

Effective date, if other than the an effective date is listed, the date	date of filing: must be specific and cannot be more than 90 days aft	(optional) ter filing.) (605.0207 (3)(b)
ted June	2014	
DU	*	
Sig	mature of a member or authorized representative of a mer	nber
DLH	0	nber
Sig	o Typed or printed name of signee	nber
Sig	0	mber ###