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SECNETART OF STATE TALLAHASSEE, FLORID

N. Cullican FER J 8 7013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COURTROOM SOFTWARE UCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES W. SEAMANS JR
COURT ROOM SOFTWARE UC
12802 Nw Hwy 225A
Reddick FL 32686 City/State and Rip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMES W. SEAWANS JR at (36) 342-3570 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{325.00}}\$ \text{Filing Fee} \text{\$\sum_{\text{S55.00}}\$ \text{Filing Fee} \text{\$\text{Certificate of Status}}\$ \$\sum_{\text{Certificate of Status}}\$ \$\text{Certificate of Status}\$ \$\text{Certificate of Status}\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Courtro	ON.	Sof	FLW+	2013 FEB 15 AM II: 38	
(<u>Name of the Limited Liability</u> (A Florida I	Company : Limited Liab	as it now apper ility Company)	ars on our reco	TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability C Florida document number	Company we	ere filed on	06/30	2012 and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liabilit	y company he	ere:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited	Liability Comp	oany," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	_				
(Principal office address MUST BE A STREET ADDR	RESS)				
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE BOX)	_		··-··		
	_		····		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		e address on	our records,	enter the name of the new	
Name of New Registered Agent:	·				
New Registered Office Address:					
	Enter Florida street address				
			, Floi	rida	
	C	City		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name Address **Type of Action** MGRM CARIN HANDSON 12802 NW HWY 22SA XADD Reddick FL 32686 Remove KANDY Stein HAUSER 783 NATURES WAY XADD FRANKIN LAKES, Remove New JERSEY 07417 MGRM MMJ HOLDINGS LLC 18 MEROW RORD DAD SCARSdAR New Remove YORK 10583

Filing Fee: \$25.00