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. COVER LETTER

то:	Registration Division of C	Section Corporations				
SUBJE	cr: Li	ghtstone	Software	LLC ed Liability Company		
_		J	Name of Limit	ed Liability Company		
The end	closed Articles	of Amendment a	nd fee(s) are subm	nitted for filing.		
Please r	eturn all corre	spondence conce	rning this matter to	the following:		
			Matt	hew Mazi	JY	
			Lightst	one Softwa Firm/Company	vn LL(
		\ <u></u>	J	Firm/Company		
			3549	M 055 P	Pointe P	1
		-		Address	_	
			Lake	Mary FL City/State and Zip Code	32741	lo
		matt	hew.h. maz	be used for future annual	om	
					герогі поппісано	n)
		_	matter, please cal			
1	Matthew	r Mazur	,	at (<u>561</u>)	301-27	18
	Nam	e of Person		Area Code	Daytime Tele	phone Number
Enclose	d is a check fo	r the following a	mount:			
□ \$25	.00 Filing Fee		Filing Fee & cate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		\$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
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Light stone s	software LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L120001211</u>		9/19/2012	and assigned
This amendment is submitted to amend the following	:		بلسد يد
A. If amending name, enter the new name of the b	imited liability company he	re:	高三 叫
Preceden LLC		_	ation V.L.C.
The new name must be distinguishable and contain the words "I	Limited Liability Company," the de	esignation "LLC" or the abbrevi	ation VL.L.C." Y
Enter new principal offices address, if applicable:			PH
(Principal office address MUST BE A STREET AD	DRESS)		<u></u>
		<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on ddress here:	our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
	ility Company were filed on 9 9 2012 17 9 ing: the limited liability company here: ds "Limited Liability Company," the designation "LLC" or the alle: ADDRESS) registered office address on our records, enter		
	City	2	ip 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
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			□ Remove			
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record specifies a do he 90th day after th			effective time, at	12:01 a.m. on the	earlier o
ed 12 Nov		. 2017			
	Mul	. <u>2017</u> Huw Mi	~		
	Signature of a	member or authorized	representative of a memb	·r	

Page 3 of 3

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