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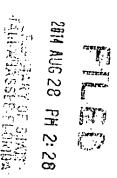
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

RAILYARD MANAGEMENT SOFTWARE LLC

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:

RODNEY S WHITE CPA

Name of Person

RODNEY S WHITE CPA

Firm/Company

4650 LIPSCOMB ST NE STE 20

Address

PALM BAY FL 32905

City/State and Zip Code

RODWHITECPA@EARTHLINK.NET....

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODNEY S WHITE CPA

<sub>...</sub>321 \728-9366

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAILYARD MANAGEM			
(Name of the Limite	d Liability Compa: A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lize Florida document number L12000138911	ability Company	were filed on <u>11/01/2012</u>	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
The new name must be distinguishable and end with the w	ords "Limited Liabi	ility Company," the designation "LLC" or the	
Enter new principal offices address, if applica	ble:	675 SIENNA DRIVE	22
(Principal office address MUST BE A STREET	(ADDRESS)	CUMMING GA 30040	
			\$ 28 pm
Enter new mailing address, if applicable:		675 SIENNA DRIVE	PH 2
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	CUMMING GA 30040	<b>2</b>
B. If amending the registered agent and/oregistered agent and/or the new registered off			er the name of the new
Name of New Registered Agent:	RODNEY	S WHITE CPA	
New Registered Office Address:	4650 LIPS	COMB ST NE, SUITE 20	
	PALM BAY	Enter Florida street address  , Florida	32905

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
Dated $\frac{7/29/14}{29/14}$ .
Signature of a member or authorized representative of a member
JEFFREY C BIRMINGHAM  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

