Division of Corporations

Florida Department of State 34 Division of Corporations Electronic Filling Cover State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000788373)))



H210000788373ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZCOM.CCM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

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

Email Address:

andrewtbraun@gmail.com

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPECIOUS SOFTWARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS FEB 26 2021 TO:

Registration Section

From: Sylvia Paull

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	SPECIOUS	SOFTWARE LLC			
SUIDECT.		Name of Limi	ted Liability Company		
The enclosed	Anieles of	Amendment and fee(s) are subr	mitted for filing.		
Please return	all correspon	ndence concerning this matter t	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N Brand Blvd 11th Ft			
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		andrewtbraun@gmail.com			
			n be used for future annual re	port notification)	
For further in	nformation co	oncerning this matter, please ca	dr: ·		
Cheyenne M	loseley			0888	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is a	check for th	c following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) (50.00 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

To: 18506176380 1



ARTICLES OF AMENDMENT 2021 FEB 25 AM 10: 10 ARTICLES OF ORGANIZATION: OF

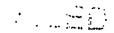
SPECIOUS SOFTWARE LLC	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number L13000001834	iability Company were filed on 01/04/2013 and assigned and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
IVA Extended Research LLC	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	abie:
(Principal office address MUST BE A STREE	
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the ne fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido street address
	Enter Horida street address
	, Florida
	City 2 in Cada

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

Page, 5 of 6



If amending Authorized Person(s) authorized to manage, enter the title, name; and address of each person being added or removed from our records:

MGR= M AMBR= A	lanager .uthorized Member	•	en de la constant de La constant de la constant de
<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		
			☐ Remove
		 	☐ Change
			D Add
			□ Remove
			☐ Change
		·	
			☐ Remove
			□ Change
			☐ Add
			П Веточе
			□ Change
			□ Add
		·	□ Remove
			☐ Change
			□ Add
			□ Remove
			C. Ch

Page: 5 of 6

Andrew T Braun

From: Svivia Pauli

	2021 FEB 25 AM 10: 10
	100 100 100 100 100 100 100 100 100 100
,	
 	
	·
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and o	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
terment's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed a te's records.
	te, but not an effective time, at 12:01 a.m. on the earlier (
record specifies a delayed effective da he 90th day after the record is filed.	

Typed or printed name of signec