# L13000011887

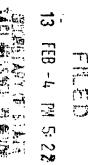
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## SPECIALTY DATA RESOURCES, LLC

SUBJECT:

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:

**Deborah Love** 

Name of Person

Friedman, Rosenwasser & Goldbaum, P.A.

Firm/Company

5355 Town Center Rd., Ste. 801

Address

Boca Raton, FL 33486

City/State and Zip Code

dlove@frglaw.com

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

For further information concerning this matter, please call:

**Deborah Love** 

\_\_877**、605-914**1

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**

#### SPECIALTY DATA RESOURCES, LLC

FURNISHED STATE (Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Compa	ny were filed on January 2	3, 2013 and assigned
Florida document number L13000011887	·		
This amendment is submitted to amend the foll  A. If amending name, enter the new name o	_	ability company bares	
SmartProcure Data, LLC	the mined n	abinty company nere.	
The new name must be distinguishable and end wi "L.L.C."	th the words "Li	imited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	A
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and/registered agent and/or the new registered o	_		ords, <u>enter the name of the new</u>
New Registered Office Address:	N/A		
		Enter Flori	da street address
		City	, Florida
		•	*

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 = N	lanaging Member		
Title	<u>Name</u>	Address	Type of Action
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D. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
	0040
Dated January 25	
Ronal	
•	of a member or authorized representative of a member
Ronald N. Rosenwa	asser, Esq., Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00