## 113000026728

(Re	equestor's Name)	
(Ad	dress)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CIUD II		Software, LLC		
SUBJI	ECI:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Sarah A. Duggan		
		<u> </u>	Name of Person	
		Eavenson, Fraser & Lunsfo	ord	
		·	Firm/Company	
		4230 Pablo Professional Co	ourt, Suite 250	
			Address	
		Jacksonville, Florida 32224	1	,
			City/State and Zip Code	
		sarah@efllawfirm.com		
		`	to be used for future annual report notifi	(cation)
For fu	rther information co	oncerning this matter, please ca	all:	Y
Sarah	Duggan		904 425-9975 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	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:

TO:

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

St. Maarten Software, LLC		
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Company were filed on Februa	ary 20, 2013 and assigned
Florida document number L13000026728	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here	
Groundswell Productivity Solutions, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icahla:	
<u>(Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		<b>5</b>
	<del> </del>	2-7-
B. If amending the registered agent and	d/or registered office address on o	ir records, enter the name of the nev
registered agent and/or the new registered	office address here:	
		FL Z
Name of New Registered Agent:	Eavenson, Fraser & Lunsford	981 <b>:</b> 3
New Registered Office Address:	4230 Pablo Professional Court, Suite	250
	Enter Florida	street address
	Jacksonville	, Florida <sup>32224</sup>
	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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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`ffec	tive date, if other than the date of filing:	(optional)	
f an e	fective date is listed, the date must be specific and cannot be prior to date of filing or more If the date inserted in this block does not meet the applicable statutory filing r	than 90 days after filing.) Pursuan	nt to 605.020° he listed as
	nent's effective date on the Department of State's records.	equitements, and auto will not	oo naca a
	cord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	ne, at 12:01 a.m. on the	earlier o
Da4-	November 5 2015		
Date	·		

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Typed or printed name of signee

Filing Fee: \$25.00