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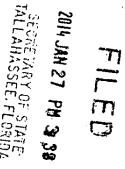
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## **COVER LETTER**

TO: Registration Se Division of Cor			
<sub>subject:</sub> Rove	r Labs, LLC		
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Gregory E. I	Matton	
		Name of Person	<del></del>
		Firm/Company	2014 57.E.C
	P.O. Box 47	598	2014 JAN 27 PH 3 38 SECRETARY OF STATE ALLAHASSEE, FLORIDA
		Address	27 SSEE
	Tampa, Flor	rida 33646	
		City/State and Zip Code	01807
	gregmatton@aol.c	COM to be used for future annual report notifi	1
For further information co	oncerning this matter, please c	<u>-</u>	,
			R76
Gregory E.		at (813) 528-18 Area Code Davtime	Telephone Number
Name o.	i i cison	Area code Dayume	retephone ranioer
Enclosed is a check for the	ne 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)
25.47	DVG ADDDDGG		UD ADDREGG

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L13000030308	₩		
This amendment is submitted to amend the following:	ACCEPANA TO		
A. If amending name, enter the new name of the limited lial	bility company here:		
Apex Data Solutions, LLC	7 F		
The new name must be distinguishable and end with the words "Limited Lia			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	3030 Rocky Point Drive W, Suite 410 Tampa, Florida 33607		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	•		
Name of New Registered Agent:			
New Registered Office Address: 16333 Bu	16333 Burniston Drive		
	Enter Florida street address		
Tampa	, Florida 33647		
	City Zip Code		

## New Registered Agent's Signature, if changing Registered Agent:

Rover Labs, LLC

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 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 = 1 AMBR = .	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add
			Remove
			JAN 27 Add AHASSEE, FI
			Remove  JEGNE JAN 27Add  NALLAHASSEE, FLORIDA
			• • • • • • • • • • • • • • • • • • •
			<del></del>
			□ Add
		<del></del>	□ Remove
		<u></u>	
			☐ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	<del></del>	
Effective date, if other than the date of filing: (optional (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	)	
Dated January 23, 2014. Stepny E. Mattan		
Signature of a member or authorized representative of a member		_
Signature of a member or authorized representative of a member  Gregory E. Matton Typed or printed name of signee		<del></del>
	Es.	201
	CRETA	2014 JAN 2

Page 3 of 3

Filing Fee: \$25.00