## 13000043296

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 |                   |             |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

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| TO: Registration Se<br>Division of Cor | ection<br>porations                          |   |                       |  |             |
|--|--|---|-----------------------|--|-------------|
|  | Technology Innovations                       |   |                       |  |             |
| SUBJECT:                               |  | nited Liability Company   |                       |  |             |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |                       |  |             |
| Please return all correspondence       | ondence concerning this matter               | to the following:   |                       | ,  |             |
|  | Elizabeth Blickensderfer                     |   | • •                   | , ,,,,,  |             |
|  |  | Name of Person  |                       | -  |             |
|  |  | Firm/Company  |                       | <del></del>  |             |
|  | 775 Lake Charm Drive                         | ,   | ×* ,                  |  |             |
|  |  | Address   |                       |  |             |
|  | Oviedo, FL 32765                             |   |                       |  |             |
|  |  | City/State and Zip Cod  | le 🕠 .                | , · ·  | •           |
|  | blick488@erau.edu                            | to be used for future annu-                                     | -\                    |  |             |
|  |  |   | at report noutication | on)  |             |
| For further information c              | oncerning this matter, please ca             | all:  | <b>.</b>              |  |             |
| Elizabeth Blickensderfer               |  | 407 4   | 143-2946              |  |             |
| Name of                                | f Person                                     | Area Code   | Daytime Tel           | ephone Number  |             |
|  |  |   |                       | Æ  | <b>雪</b> 丁  |
| Enclosed is a check for th             | e following amount:                          |   |                       | ASSI   | 2           |
| ■ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is e |                       | \$60.00 Epin<br>Certificate<br>Certificate<br>(addingrate) | of Status & |

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

| People and Technology Innovations   |                                      | •                                       |                            |                    |          |
|---|--------------------------------------|---|----------------------------|--------------------|----------|
| (Name of the Limited Lia<br>(A Flo  | ibility Company<br>orida Limited Lia | as it now appears of<br>bility Company) | n our records.)            | <del> </del>       |          |
| The Articles of Organization for this Limited Liabilit Florida document number L13000043296 | ty Company w                         | ere filed on March                      | 22, 2013                   | and assigned       |          |
| This amendment is submitted to amend the following  | द्र:                                 |   |                            |                    |          |
| A. If amending name, enter the new name of the  | limited liabili                      | y company here:                         | :                          |                    |          |
| MGRM  |                                      |   |                            |                    |          |
| The new name must be distinguishable and contain the words "                                | Limited Liability                    | Company," the design                    | mation "LLC" or the abb    | reviation "L.L.C." | •        |
| Enter new principal offices address, if applicable:   |                                      |   | <u></u>                    |                    | _        |
| (Principal office address MUST BE A STREET AL   | DRESS)                               |   |                            | - Marie            | _        |
|   |                                      |   |                            |                    | <b>,</b> |
|   |                                      |   |                            |                    |          |
| Enter new mailing address, if applicable:   | ,                                    |   |                            |                    | -        |
| (Mailing address MAY BE A POST OFFICE BOX   | Σ.                                   |   |                            |                    | -        |
|   | ,                                    |   | ·                          |                    | -        |
| B. If amending the registered agent and/or re   |                                      | ce address on o                         | ur records, <u>enter (</u> | he name of the     | nev      |
| registered agent and/or the new registered office s   | idaress here:                        |   | ··                         |                    |          |
| Name of New Registered Agent:   |                                      |   | Ť <sub>S</sub>             | <b>No.</b> 1       | •        |
| Traine of frew Registered Agent.  |                                      |   | 50                         | 3                  | •        |
| New Registered Office Address:  |                                      | Enter Florida                           | etreet address             | <u> </u>           | -        |
|   |                                      | Enter Pitoriau                          |                            | N F                |          |
|   | , , ,                                | City                                    | , Florida                  | Zip Codie          | -        |
| New Registered Agent's Signature, if changing Regist  | ered Agent:                          | Cuy                                     | LOR                        | - Ozip code        |          |
| I hereby accept the appointment as registered age   | ent and agree                        | to act in this can                      | pacity I further act       | e to comply with   | the      |
| provisions of all statutes relative to the proper an  | id complete pe                       | erformance of my                        | duties, and I am fa        | miliar with and    |          |
| accept the obligations of my position as registered   | d agent as pro                       | ovided for in Cha                       | pter 605, F.S. Or, i       | f this document is |          |
| being filed to merely reflect a change in the regist  | tered office ac                      | ddress, I hereby c                      | confirm that the lim       | ited liability     |          |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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  |
|--------------|--|---|---|
| MGRM         | Kelly J.Neville  | 775 Lake Charm Drive                    | Add   |
|              |  | Oviedo, FL 32765                        | ■ Remove  |
|              |  |   | ☐ Change  |
| <del></del>  |  |   | Add   |
|              |  |   | Remove  |
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| ive date, if other than the date of filing:  | (optional)  |
| rective date, it other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing if the date inserted in this block does not meet the applicable statutor tent's effective date on the Department of State's records. | ng or more than 90 days after filing.) Pursuant to 605.0 ry filing requirements, this date will not be listed |
| cord specifies a delayed effective date, but not an effec 90th day after the record is filed.  | tive time, at 12:01 a.m. on the earlie  |
| April 19, 2017   |   |
| Elezabet   | Alekand   |
| Signature of a member or authorized represe  | mative of a member  |
|  | Blickensderfer  |

Page 3 of 3

Filing Fee: \$25.00