10/13/22, 9:19 AM

Division of Corporations

Florida Department of State Division of Comporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRNS SOFTWARE SOLUTIONS, L.L.C.

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRNS SOFTWARE SOLUTIONS							
(Name of the Limi	ted Liability Compa (A Florida Limited	inv as it now appears on our re Liability Company)	ecords.)				
The Articles of Organization for this Limited Liability Company were filed on May 29, 2013					and assigned		
Florida document number L13000077724	·						
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	oility company here:					
N/A							
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	'LLC" or the abbrevia	tion "L.L.C			
Enter new principal offices address, if applicable:		N/A			2]		
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	%		
			<u> </u>		pc T		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				;;;;	ယ		
		7676 Forsyth Blvd		<u> </u>			
		Ste. 2700		- 1/2	Ž		
		St. Louis MO 63105		<u> </u>	-		
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:			nter the name of t	the new 1	registere		
New Registered Office Address:	1200 South Pir	ne Island Road					
New regression contract requirem.	Enter Floridu street address						
Plantation			, Florida ³³³²⁴				
		Ciŋ [,]	Zı	p Code			
New Registered Agent's Signature, if changing	Registered Agent:	<u>1</u>					

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.

kaity toon, asst. secretary

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

To:

<u>Title</u>	Name	Address	Type of Action
MGR	Julie A Depalma	951 Yamato Road	☐Add
		Suite 290	≅Remove
		Boca Raton, FL 33431	∐Change
MGR	John Meewes	951 Yamato Road	□Add
		Suite 290	≅Remove
		Boca Raton, FL 33431	Change
MGR	Joseph C. Weizel	7676 Forsyth Blvd.	` ≡ `Add
		Suite 2700	□Remove
		St. Louis, MO 63105	2022 @Chan@C
MGR	Elizabeth Borow	7676 Forsyth Blvd.	Addi Co
		Suite 2700	Rentite C
		St. Louis, MO 63105	□Change
MGR	Rick Clifton	7676 Forsyth Blvd.	≣ Add
		Suite 2700	
		St. Louis, MO 63105	
MGR	Robert C. Dunn	7676 Forsyth Blvd	<u> </u>
		Suite 2700	□Remove
		St. Louis, MO 63105	⊔Change

Typed or printed name of signee