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COVER LETTER

	Registration S Division of Co			
eun tez		fedia, LLC		
SUBJEC	· I :	Name of Lami	aed Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all corresp	ondence concerning this matter	to the following:	
		Boris Zlotnikov		
			Name of Person	
			Firm/Company	
		PO Box 1133		
			Address	
		Tampa, FL 33601	City/State and Zip Code	<u>_</u>
		boris@realinformatics.com		
		E-mail address: ()	to be used for future annual report notit	ication)
For furth	er information	concerning this matter, please ca	all:	
Boris Zlo	otníkov		813 843-6400 at ()	
	Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	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

Goldson Media, LLC		
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number $\frac{L13000104772}{L13000104772}$	lity Company were filed on 07/24/2013	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Real Informatics LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
<u>Principal office address MUST BE A STREET A</u>	IDDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
B. If amending the registered agent and/or		<u> </u>
B. If amending the registered agent and/or	registered office address on our records, e	nter the name of the
registered agent and/or the new registered office	e address here:	<u></u>
		<u></u>
Name of New Registered Agent:		Co
New Registered Office Address:		÷ • • • • • • • • • • • • • • • • • • •
New Registered Office Address.	Enter Florida street address	•
	. Floric	l:t
-	City	Zıp 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00