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(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co	Section Orporations		
FilmAp	o, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Gregory J. Schwanz	:1	
		Name of Person	
	FilmApp, LLC		
	**************************************	Firm/Company	
	3335 Sisal Loop		
		Address	
	Wesley Chapel, FL	33544	
		City/State and Zip Code	
	greg@apply4.com	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	•	
Greg Schwanzl		614 638-9866	
Name	of Person		Telephone Number
Enclosed is a check for	the 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)

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

	FilmApp, LLC
(Name of the Limited L	dability Company as it now appears on our records.) Torida Limited Liability Company)
(A)	Reference Elabitity Company)
The Articles of Organization for this Limited Liabil	lity Company were filed on 12/03/2013 and assigned
Florida document number L13000167495	
This amendment is submitted to amend the following	20:
This amendment is submitted to amend the following	15.
A. If amending name, enter the new name of the	e limited liability company here:
Apply4 Technology, LLC	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u>X)</u>
	registered office address on our records, enter the name of the n
registered agent and/or the new registered office	address here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
-	City , Florida , Git ,
New Registered Agent's Signature, if changing Regi	
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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 = Max = Au	anager Ithorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			□ Remove
			Remove
			Add
			Remove
			Add
			Remove
		-	□ Add
			Remove

i amending any other informs	ition, enter change(s) here: (Attach a	dditional sheets, if necessary.)
		·
TOTAL HARMAN MANAGEMENT		
Effective date, if other than the	date of filing:	(optional)
the date this document is filed by the F	lorida Department of State)	annot be more than 90 days after
Pated February 9	2015	
rated	, <u> </u>	
Dorger A.	Sehwa	
5 ((Y) =	Signature of a member or authorized represen	ntative of a member
Gregory J. Schwa	nzl	
	Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00

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