613000167495

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (24011000 21121) 1101110) |
| (Document Number) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STAFF

T. Burch APR 24 2011



COVER LETTER

| то: | Registration Se Division of Cor | | | | | | |
|--|------------------------------------|--|---|--|--|--|--|
| (17.173.B) | APPLY4 | TECHNOLOGY, LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | | | |
| | | Gregory J. Schwanz | 1 | | | | |
| | | | Name of Person | | | | |
| | | Apply4 Technology, | LLC | | | | |
| | | Firm/Company 19046 Bruce B. Downs Blvd. Ste. 207 | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| | | Tampa Fl. 33647 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | greg@apply4.com | to be used for future annual report notifi | The state of the s | | | |
| For fu | rther information co | oncerning this matter, please ca | · | cation) | | | |
| | jory J. Schwan | | 866 419-7968 | | | | |
| | Name o | f Person | | Telephone Number | | | |
| Enclos | sed is a check for th | ne following amount: | | | | | |
| \$2 | 5.00 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

| APPLY4 TECHNOLOGY, LLC | | |
|---|--|---------|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Com | appears on our records.) pany) | |
| The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L13000167495</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compa | any here: | |
| | | |
| The new name must be distinguishable and end with the words "Limited Liability Compan | y," the designation "LLC" or the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applicable: | A | |
| (Principal office address MUST BE A STREET ADDRESS) | | - Maria |
| <u> </u> | | * 'J |
| | တို့က ယ မြောင် | ******* |
| Enter new mailing address, if applicable: | | E B |
| (Mailing address MAY BE A POST OFFICE BOX) | COA TO TO | الم |
| | D | |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | : nev |
| | ter Florida street address | _ |
| | , Florida | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------------|-------------------------------------|----------------|
| AMBR | Andrew Pavord | 19046 Bruce B. Downs Blvd. Ste. 207 | Add |
| | | Tampa FI. 33647 | Remove |
| AMBR | Apply4 Technology, LTD | Unit C, 57-59 Great Suffolk Street | A dd |
| | | London, SE1, 0BB | □ Remove |
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| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State) | optional) nd cannot be more than 90 days after |
| Dated april 8 , 2915 | |
| Dreson J. S | |
| Signature of a member or authorized reprinted of a member of authorized reprinted in the second of t | resentative of a member |
| Gregory J. Scriwanzi | |

Page 3 of 3

Filing Fee: \$25.00

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SECRE LANY OF STATE
TALLAHASSEE FLOOR