11/22/2016

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Account Number : I20120000051

: (305)937-7773

Fax Number

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

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Corporate Filing Menu

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NOV 28 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, ^	Zip Code	
		_, Florida _		
New Registered Office Address:	Enter Plorida str	eet address		
			_ _	_
Name of New Registered Agent:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
		w' .		
registered agent and/or the new registered office addre	ss here:	> Perorus, circus	THE IMAGE OF	1110 110
B. If amending the registered agent and/or register	nad affina addresse an aur	racords antil	The forme of	the no
			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		ويطوا والمالية	To F	<u> </u>
Enter new mailing address, if applicable:		<u>। । । । । । । । । । । । । । । । । । । </u>		
			5	<u></u>
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(Principal office address MUST BE A STREET ADDRE	<u> </u>			
Enter new principal offices address, if applicable:				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	tion "LLC" of the ab	breviation "L.L.C.	ï
				
A. If amending name, enter the new name of the limite	d liability company here:			
This amendment is submitted to amend the following:				
Florida document number L14000079308	,			
The Articles of Organization for this Limited Liability Con	npany were filed on 05/15/20.		and assign	cd
	0\$/15/201	14		
(Name of the Limited Liability (A Florida Li	Company as it now appears on ou mited Liability Company)	r records.)		
EUT FLORIDA DEVELOPMEN				

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	APPIAN COMMUNICATIONS LLC	2 ROSEMOSS CT	₩ Add
		SIMPSPNVILLE , SC, 29680	□ Remove
			☐ Change
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			OR BAdd C
			Change

f amending any other information, enter change(s) here: (Attach addit	tional sheets, if necessary.)
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NOVEMBER 22 2016	ب. خصا
The land	TORETT TO
Signature of a momber or authorized representative	State of the stat
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Page 3 of 3	Se i

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