7/5/2017

Division of Corporations

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In:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA8888889923 : (512)418-5949 Phone : (954)208-0845 Fax Number

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAXX INNOVATIONS, LLC

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COVER LETTER

TO: Registration Division of C			
	Innovations, ULC		
SUBJECT:	Name of Lim	ited Liability Company	·············
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Christine M. Dziak	ı	
		Name of Person	
	Ulmer & Berne LLP		
		Firm/Company	
	1660 West 2nd Street, Sui	te 1100	
		Address	
	Cleveland, Ohio 44113		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not:	(cation)
For further informatio	n concerning this matter, please c	all:	
Christine M. Dziak		216 583-7064 at ()	
Num	e of Person	Area Code Daytim	E Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status-ek Certified Copy (additional ropy is enclosed)
Reg Divi P.O	ILING ADDRESS: istration Section iston of Corporations , Boy, 6327 ahassee, FL 32314	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	er Address: n ations nter Circle

MAXX Innovations, LLC

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Lightity Con (A Florida Limit	nuany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000112203</u>	any were filed on July 15, 2014	und assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the timited li	iability company here:	
TMXX Technology, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	•••	_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address hame of New Registered Agent:	office address on our records, enter the here:	name of the new
New Registered Office Address:		
The state of the s	Enter Florida street address	
	, Florida	
) Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my duties, and I am famil as provided for in Chapter 605, F.S. Or, if th fice address, I hereby confirm that the limited	ar with and sidocument is ttability = T
īrc	hanging Registered Agent, Signature of New Register	ed Agent
Pag	ge 1 of 3	23

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	iager horized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			O Add
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