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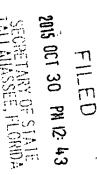
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#### **COVER LETTER**

	tion Section of Corporations
A	ument Adjustment Bureau LLC
SOBJECT:	Name of Limited Liability Company
	cles of Amendment and fee(s) are submitted for filing.  Orrespondence concerning this matter to the following:
	Mikaela A. Duffy
	Name of Person
	Monument Adjustment Bureau LLC
	Firm/Company
	12000 Research Parkway
	Address
	Orlando, FL 32826
	City/State and Zip Code
	induffy@traxcapital.com  E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Mikaela A. Duffy	407 377-0565x703 a1 ()
1	at () Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing	Fee Solution Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Solution 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

FILED

2015 OCT 30 PN 12: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Monument Adjustment Bureau LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on April 17, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
СЕО	Kate Brewer	12000 Research Parkway	<b>=</b> Add
		Orlando, FL 32826	Remove
			Change
CEO Michael Moreland	Michael Moreland	12000 Research Parkway	Add
		Orlando, FL 32826	■ Remove
			☐ Change
AMBR	Michael Moreland	12000 Research Parkway	■ Add
	Orlando, FL 32826	☐ Remove	
		Change	
AMBR	Kate Brewer	12000 Research Parkway	■ Add
	Orlando, FL 32826	☐ Remove	
			☐ Change
		☐ Remove	
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			☐ Remove
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Note:	ve date, if other than the date of filing:	ursuant to 605.0	207 (3)(b) I as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier	r of:
Dated	October 26th 2015		
	My H. M. A		
	Signature of a member of authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00