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(((H15000201342 3)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.

Account Number : 120090000020

Phone

: (941)917-0505

Fax Number

: (941)917-0506

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Audit # (((H15000201342 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX:941 917 0508 F. ILED

2015 AUG 20 AM 8: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LYNC, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now annears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L14000167433	ere filed on 10/27/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
AFFIX SOLUTIONS, LLC	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The new name must be distinguishable and contain the words "Limited Liability	Company, the designation "LLC" or the appreviation Like.	
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 offic	e address on our records, enter the name of the	ποιν
registered agent and/or the new registered office address here:		_
Name of New Registered Agent		
New Registered Office Address:	Enter Florida street address	•
	City Zip Code	•
	Lip com	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is	

Page 1 of 3

If Changing Registered Agent, Sienature 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:	

Title	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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			□ Change
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ffective date, if other than the da meffective date is listed, the date must b lote: If the date inserted in this block ocument's effective date on the Depa	k does not meet the applic	able statutory filing	optio ore than 90 days after g requirements, this	Illing.) Pursuumt to 605.020	07 (3)(b) as the
record specifies a delayed e The 90th day after the record	affective date, but no d is filed.	t an effective ti	ime, at 12:01 a	m. on the earlier o	of:
	2015	/			
AUGUST 20		• /			
ated AUGUST 20	,	-· / Ox	<u>_</u> ^		

Page 3 of 3 Flling Fee: \$25.00