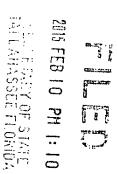
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COVER LETTER

TO: Registration Se Division of Cor				
OCR & N	MORE, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VASILIY GONCHAR	RENKO		
		Name of Person		
	OCR & MORE, LLC			
		Firm/Company		
	2951 NE 9TH AVE			
		Address		
	POMPANO BEACH	, FL 33064		
		City/State and Zip Code		
	vvvggg@gmail			
	E-mail address: (to be used for future annual report notification)	1
For further information of	oncerning this matter, please c	all:	3. CD =	en en en
VASILIY GONCHA	ARENKO	954 494-9336		∓ π •α•~
Name of Participation of the P	of Person	Area Code Daytime Telepi	none Number 0991	14 mg 1982 mg 1983 mg 1984
	_	E 655 00 ETC. E. 8	7 640 00 Filian Fac	
\$25.00 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

OCR & MORE, LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 12/30/2014	and assign	ned
Florida document number L14000196147	<u></u> ,		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	,	
SOFTCREATOR, LLC			
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		-11*	
B. If amending the registered agent and/or reg		ter the name of	the n
registered agent and/or the new registered office ad	dress here:		
		2015 ALL	
Name of New Registered Agent:		- I	22
New Registered Office Address:		57.55 00	(Transmort
	Enter Florida street address	Sry The	1
	, Florida	I PR	
_	City	Zip Gode	The second
New Registered Agent's Signature, if changing Register	ed Agent:		Marija of J

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 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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			Add
			Remove

			□ Remove
			Addi John Addi
			Remove
			□ Add
			☐ Remove

If amending any other information,	enter change(s) here: (Attach a	dditional sheets, if necessary.)

Effective date, if other than the date (The effective date must be specific, cannot be put the date this document is filed by the Florida D	rior to date of receipt or filed date and c	(optional) annot be more than 90 days after
Dated FEBRUARY 1ST	2015	
A.C	John	
		ntative of a member
VASILIY GONCHARE		
	Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00

