

Division of Corporations

Page 1 of 2

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L1500036173

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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2019 SEP 16 AM 10:49

ARTICLE  
FILED

To: Division of Corporations  
 Fax Number : (850)617-6333

From: Account Name : WATSON SLOANE JOHNSON PLLC.  
 Account Number : I20150000117  
 Phone : (407)622-6751  
 Fax Number : (866)440-1211

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 TOPDESK USA DCS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$25.00</b>

2019 SEP 16 PM 12:47

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TOPDESK USA DCS, LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2015 and assigned  
Florida document number L15000036173

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2019 SEP 16 AM 10:19  
FILED  
TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City

Florida

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nancy Van Eisacker Louisnord	12301 Lake Underhill Rd	<input type="checkbox"/> Add
		247-251	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32828	<input type="checkbox"/> Change
Officer	Amber Heistan	12301 Lake Underhill Rd	<input checked="" type="checkbox"/> Add
		247-251	<input type="checkbox"/> Remove
		Orlando, FL 32828	<input type="checkbox"/> Change
Officer	Ruben Franzen	12301 Lake Underhill Rd	<input checked="" type="checkbox"/> Add
		247-251	<input type="checkbox"/> Remove
		Orlando, FL 32828	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 SEP 16 AM 10:49

AMBR  
ADD  
OFFICER  
REMOVE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2019 SEP 16 AM 10:49  
 RECEIVED  
 FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated 9/13 2019  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Ruben Franzen, Authorized Representative  
 \_\_\_\_\_  
 Typed or printed name of signer