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K.SALY EXAMINER JUL 12

## COVER LETTER

TO:	Registration Sec Division of Corp						
oum ie		Insignias Co Sticker Shop, LLC					
SUBJE	UI:	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspon	ndence concerning this matter	to the following:				
		Luis Reyes					
			.Name of Person				
		Insignias Co Sticker Shop,	LLC				
			Firm/Company				
		346 Summer Sails Drive					
		Address					
		Valrico FL 33594					
			City/State and Zip Code	<del>-</del>			
		luis@luisreyes.com					
		E-mail address: (	to be used for future annual report notif	ication)			
For furtl	her information co	oncerning this matter, please ca	all:				
Luis Re	yes		813 3308271 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:					
\$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

2016 JUL 11 AM 11: 43

FALLAHASSEE, FLORIDA

Insignias Co Sticker Shop LLC

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

04/00/2015

The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L15000062623		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Driven Network, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	www.www.witherstoon.wo.wo.wo.kenidadirectories to the second control to the contr	<del>, , , </del>
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Water the second of the second	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Enter Piorida street dadress	
	, Flor	ida
	Cay	Σιρ Coue

## 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

2016 JUL 11 AM 11: Land Add

SECRL TARY OF STATE Add

Remove or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Address</u> <u>Name</u> ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ctive date, if other than the date of filing:	(optional) se prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed a
iment's effective date on the Department of State's re-	cords.
record enecifies a delayed affective data. h	ut not an effective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	ut not an enective time, at 12:01 a.m. on the earner
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ed July 7th 2016	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00