6/30/2017

Division of Corporations

(((H170001735903)))



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(((H17000173590 3)))



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maxwell.minch@gray-robinson.com Email Address:

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D. SCOTT

AUG 3 0 2017

(((H17000173590 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H17000173590 3)))

(No-a of the Limited)	LC
(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 Liab Florida document number L15000084097	bility Company were filed on 5/12/2015 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	
Peer Sales Network, LLC	
•	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble;
Principal office address MUST BE A STREET	
Moiling address MAY BE A POST OFFICE B	
3. If amending the registered agent and/oregistered agent and/or the new registered offi	r registered office address on our records, enter the name of the ice address here:
egistered agent and/or the new registered offi	
egistered agent and/or the new registered offi	ice address here:
registered agent and/or the new registered offi	Enter Florida street address
registered agent and/or the new registered offi	ice address here:
registered agent and/or the new registered offi	Enter Florida street address City Zip Code-
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist	Enter Florida street address Enter Florida street address City City Zip Code egistered Agent: agent and agree to act in this capacity. I further agree to comply win r and complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document egistered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Runge, Pamela	9222 SW 41ST LANE	
		GAINESVILLE, PL 32608	■ Remove
			_□ Change
AMBR	Runge, Pamela	9222 SW 41ST LANE	
		GAINESVILLE, FL 32608	□ Remove
			Change
MGR	Handfield, Martin	9222 SW 41ST TANE	Add
		GAINESVILLE, FL 32608	☐ Remove
			☐ Change
			□ Add
			T Pamore
			Change)
			□ Add
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		<u></u>	□ Change
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			☐ Remove
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ective date, if other than the date of filing effective date is listed, the date must be specific and at I the date inserted in this block does not mument's effective date on the Department of St	eot the applicable s	e of filing or more than tatutory filing require	(optional) 90 days after filing.) Pu ements, this date wil	rsuant to 605,0207 (3)(b
record specifies a delayed effective do he 90th day after the record is filed.	ite, but not an	effective time, a	t 12:01 a.m. on	the earlier of:
ed 08/25/17 ,	_			
Aumota Runge				
Signature of a m	ember or authorized	representative of a mer	nber	

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