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(Re	equestor's Name))
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COVER LETTER

10: Registrati Division o	on Section f Corporations	t .		
Ansib	le Solutions, LLC			
SUBJECT:	Name of Lin	nited Liability Company	_	
The appleant Vetal	es of Amendment and fee(s) are sub	amirtual for tiling		
	respondence concerning this matter			
Trease remin an exp	respondence (Oncerning this indice	To the Millioning.		
	Julie Sanchez			
		Name of Person		
	Ansible Solutions, LLC			
		Firm/Company		. • •
	116 1/2 8th Avenue NE			1
		Address	-: •	~ 4
	St. Petersburg, FL 33701		· , · · ·	j
		City/State and Zip Code		• •
	E-mail address: ((to be used for future annual report notification)	_ ,	
For further information	ion concerning this matter, please c	rall:		
Renee' E. Blubaugh	1	727 698-3290		
N'	ame of Person	at ()	mber	
Enclosed is a check	for the following amount:			
□ \$25,00 Filing F	-	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. ficate of Status & fied Copy ional copy is enclose	
R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	5:	

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ansible Solutions, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mted Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L15000091900	pany were filed on May 26, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or tl	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		;
 If amending the registered agent and/or registere registered agent and/or the new registered office address 		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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>	Address	Type of Action
MGR	Renec' E. Blubaugh	116 1/2 8th Avenue NE, St. Petersb	≅ Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be pri ock does not meet the appl	or to date of filing or more icable statutory filing re	(option than 90 days after the equirements, this o	ling.) Pursuant i	o 605. e liste
ne record specifies a delayed The 90th day after the rec		ot an effective tim	e, at 12:01 a.	m, on the e	arlie
Dated April 30	2018				
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Page 3 of 3

Filing Fee: \$25.00