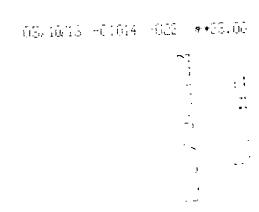
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COVER LETTER.

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

FIZEN SOFTWARE, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID JARED KNISLEY Name of Person FIZEN SOFTWARE, LLC Firm/Company 12408 N 56TH STREET SUITE 4 Address TEMPLE TERRACE, FL 33617 City/State and Zip Code JKNISLEY@FIZENTECH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID JARED KNISLEY Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIZEN SOFTWARE, 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 $\frac{08/03/2015}{1}$ and assigned Florida document number L15000131951 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 "LLC." 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) 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

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>	Name	Address	Type of Action
AMBR	FRANKLIN R. RODERUS	14732 BELLAMY RD TAMPA, FL 33625	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be particle. If the date inserted in this block does not meet the apartment's effective date on the Department of State's reco	rior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 plicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but b) The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated 5/7 201	<u>.9</u> .
Signature of a member or a	uthorized representative of a member
D. Trock	- Knisten

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00