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2015 SEP -9 PM 1: 27
SECRETARY OF STATE
ASSECTED OR DO NOT THE OR DO NOT

K.SALY EXAMINER SEP 14 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 SEP-9 PM 1:2;

TRANSENDANT, LLC		ra i	EUNETADY PM 1:27
(Name of the Limited Lia (A Flo	ability Company as it now appeared Limited Liability Company)	rs on our records.)	ECKETARY OF STATE LAHASSEE. FLORIDA
The Articles of Organization for this Limited Liabilit Florida document number	ry Company were filed on	08/04/2015	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the TRANSENDENT, LLC	limited liability company h	ere:	
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 AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office a		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida 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: FILED MGR = Manager 2015 SEP -9 PM 1:27 AMBR = Authorized Member **Type of Action** Title <u>Name</u> <u>Address</u> SEURETARY OF STATE TALLAHASSEE, FLORIDA _□ Add □ Remove ☐ Change _ Add ☐ Remove ☐ Change _□ Add _□ Remove _ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change

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 60 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The 90th day after the record is filed. AUGUST 27 2015		· · · · · · · · · · · · · · · · · · ·	FILE	j'`
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Signature of a member of authorized representative of a member		Signi	iture of a member or authorized representative of a member	
		SAM MERCHANT	Typed or printed name of signee	

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Filing Fee: \$25.00