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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

SEP PORTE

COVER LETTER

	Registration Se Division of Cor			
CUD IE				•
SUBJEC	.1:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn ail correspo	endence concerning this matter	to the following:	
	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Jerome Pradier			
		<u>-</u>	Name of Person	
		Real WebTrax		
			Firm/Company	•
		301 Oak Springs Drive		
			Address	
		Debary/Florida, 32713		
			City/State and Zip Code	
		E-mail address; (1	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
Jerome l	Pradier		321 274-5784	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fce		Certified Copy	Certificate of Status &

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

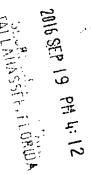


FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2016

JEROME PRADIER 301 OAK SPRINGS DRIVE DEBARY, FL 32713

SUBJECT: REAL WEB TRAX LLC Ref. Number: L15000136267



We have received your document for REAL WEB TRAX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please list the correct document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00018995

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SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Web Trax LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Cor	y appears on our records.) mpany)	
Fhe Articles of Organization for this Limited L	iability Company were filed 15000136名ほう	I on August 12, 2015	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability comp	oany here:	
N/A			
The new name must be distinguishable and contain the v	words "Limited Liability Compan	y," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
			Die (4)
			FC 93 7
Enter new mailing address, if applicable:			75
(Mailing address MAY BE A POST OFFICE BOX)			70 2 11
			D: 3
B. If amending the registered agent and		ess on our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered o	ffice address here:		,Ch
Name of New Registered Agent:	Jerome Pradier		
New Registered Office Address:	301 Oak Springs Drive		
	E	nter Florida street address	
	Debary	, Florida <u>3</u>	2713
	City	, 1 101 lua	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
Mr.	Steve Graul	1490 Sunshadow Dr., Suite 1000	
		Casselberry, FL 32707	Remove
			☐ Change
Mr.	Jerome Pradier , MGR	327 avenue Louise	■ Add
		1050 Brussels	☐ Remove
		Belgium	Change
			□ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Ghange Ghange Ghange
			TO Differential
			GRA D-Change
			☐ Remove
			□ Change

See attached Assignment and	Settlement Agreement.				
					
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<u></u>				<u> </u>	
			<u> </u>		
					
		•			
 					
	 				
			<u> </u>		
ective date, if other than the	date of filing:		(optio	onal)	
n effective date is listed, the date must te: If the date inserted in this blo					
cument's effective date on the De					
record specifies a delayed he 90th day after the reco		not an effective	time, at 12:01 a	i.m. on the e	arlier o
August 28th	2016			A 20	
red August 2011		—· <u> </u>		59	on KAR
		3			-
	Signature of a member or au	thorized representati	ve of a member	2022	

Page 3 of 3

Filing Fee: \$25.00