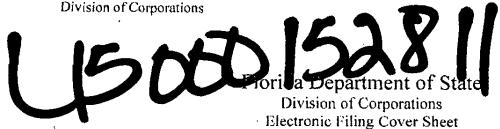
10/9/2015 2:55:18 PM PDT

13239628300 From: Amanda Sando Page 1 of 2



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for Enturent annual report mailings. Enter only one email address please. **

| Tomail. | Address |
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| TO: Registration Se Division of Con | ection | | | | |
| ENTRAN | CE STRATEGY CONSUL | TING, LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Cheyenne Moseley | | | | |
| | | Name of Person | | | |
| | Legalzoom.com, Inc. | | | 三流 动 | |
| | <u> </u> | Firm/Company | | | F |
| | 100 W. Broadway Suite | 100 | | T 12 | [-13 |
| | | Address | | 79 | ;— |
| | Glendale, CA 91210 | | | WE SE | |
| | | City/State and Zip Code | | ₹# 55 5 | |
| | tja.santosuosso@sbeglob | | | | |
| | | to be used for future annual report notif | icanon) | | |
| For further information of | oncerning this matter, please c | all: | | | |
| lmelda Vasquez | • | 323 962-8600 es | | | |
| Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| The Articles of Organization for this Limited Liability Company were filed on 09/0 Florida document number 1.15000152811 | 98/2015 and assigned |
|---|--|
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here | <u>e</u> : |
| Entry Strategy Consulting, LLC | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ts all |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | 25 L |
| Enter new mailing address, if applicable: | He I |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or registered office address on cregistered agent and/or the new registered office address here: Name of New Registered Agent: | our records, <u>enter the name of the n</u> |
| New Registered Office Address: | |
| Enter Florid | la street address |
| | , Florida |
| City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = M $AMBR = A$ | isn#ger uthorized Member | | |
|--------------------|-----------------------------|---------|---------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Page 6 of 6 | 10/9/2015 2:55:18 PM PDT | 13239628300 From: Amanda Sand |
|---------------------------------|---|--------------------------------------|
| D. If amending any other i | nformation, enter change(s) here: (Attach additional | sheets, if necessary.) |
| | | |
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| | | |
| | | |
| (The effective date must be spo | han the date of filing: cific, cannot be prior to date of receipt or filed date and cannot be mo by the Florida Department of State) | (optional) ore than 90 days after |
| | | |
| Dated Octo | ber 1 , 2015. | |
| Dated Octo | Most Michael | - Real |
| Dated <u>OG</u> O | Signature of a member or authorized representative of a Jeffrey M. Santosuosso | inember . |

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