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COVER LETTER

	gistration Sec vision of Corp			
CUBICA.		Technology LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		Steven A Johnson		
			Name of Person	
		Congruous Technology LL	.c	
			Firm/Company	
		8359 Old Town Dr		
			Address	·
		Tampa/FL 33647		
			City/State and Zip Code	
		emailsthejohnsons@gmail.e	om to be used for future annual report notifi	antion)
For further	information co	oncerning this matter, please ca	·	Cationy
Steven A Jo	ohnson		305 494-1793	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	u check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Double Click Consulting Group 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 November 18, 2015 and assigned Florida document number L15000197429 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Congruous Technology LLC 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 and registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			
			Remove
			Change
			□ Remove
			Remove
			Remove Chaluse
			FCO ALL CONTROL Remove
			Change
			☐ Remove
			Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time.) The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of
Dated December 28th	
= 0 a	

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Typed or printed name of signee

Filing Fee: \$25.00