

LS000199395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700311814757

RECEIVED  
DEPARTMENT OF STATE

2018 APR 13 A 9:31

FILED

RECEIVED  
DEPARTMENT OF STATE  
18 APR 13 PM 3:57

01/10/05

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 161641 7286385  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

ORDER DATE : April 13, 2018  
ORDER TIME : 2:54 PM  
ORDER NO. : 161641-005  
CUSTOMER NO: 7286385

DOMESTIC AMENDMENT FILING

NAME: A LA MODE TECHNOLOGIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2018 APR 13 A 9:31

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

a la mode technologies, 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 December 2, 2015 and assigned Florida document number L15000199395.

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 "L.L.C."

Enter new principal offices address, if applicable:

40 Pacifica Avenue, Suite 900

**(Principal office address MUST BE A STREET ADDRESS)**

Irvine, CA 92618

Enter new mailing address, if applicable:

40 Pacifica Avenue, Suite 900

**(Mailing address MAY BE A POST OFFICE BOX)**

Irvine, CA 92618

**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:**

Corporation Service Company

**New Registered Office Address:**

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida

32301

*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.*

**Emily Croft**

**Asst. Vice President**

*Emily Croft*  
**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	B2 Equity Holdings, Inc.	9110 STRADA PL #6210	<input type="checkbox"/> Add
		NAPLES, FL 34108	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CoreLogic Solutions, LLC	40 Pacifica Avenue, Suite 900	<input type="checkbox"/> Add
		Irvine, CA 92618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
 13 AUG 2011  
 10:30 AM

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**


Multiple horizontal lines for amending information.

2018 APR 13 A  
FILED

**E. 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 13 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Angela Grinstead, Assistant Secretary, CoreLogic Solutions, LLC, Sole Member  
\_\_\_\_\_  
Typed or printed name of signee