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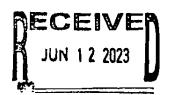
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corpo	rations			
SUBJECT:	KAR MARK	CETING LLC		
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
		AMANDA ADAMS		
		Name of Person		
		Firm/Company		
		500 FORD DRIVE		
		Address		
	ALTZ	AMONTE SPRINGS, FL.	32701	
	LWCCOF	City/State and Zip Code		<u></u>
		TWARESOLUTIONS@G to be used for future annual re		
For further information cond				
AMANDA ADAMS		407 at ()	592-8883	
Name of Pe	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the t	ollowing amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAR MARKETIN	ti LUC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears	on our records.)	
(A Florida Limited Lia The Articles of Organization for this Limited Liability Company w		01/04/2016	282 dassigned
Florida document numberL16000001952			z
This amendment is submitted to amend the following:			2 221 1127 A 97
A. If amending name, enter the new name of the limited liabili	tv company he	<u>re</u> :	= =
LWG SOFTWARE SOLU	JTIONS LLC		27
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signation "LLC" or the	abbreviation "L.L.C."
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 adapted and/or the new registered office address here:	idress on our r	ecords, <u>enter the na</u>	ime of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	Cin [,]	, 1 101 101	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
MGR	AMANDA ADAMS	500 FORD DR.	≣ ∧dd
		ALTAMONTE SPRINGS. FL. 32701	□Remove
			□Change
		 	□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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effective d e: If the (te, if other than the date to late is listed, the date must be spendered in this block door frective date on the Department	rific and cannot be press not meet the app	licable statutor	g or more than 90 day filing requirement	(optional) ys after filing.) Punts, this date wil	rsuant to 605. I not be liste
cord speci i filed.	fies a delayed effective date,	but not an effectiv	e time, at 12:01	a.m. on the earlie	r of: (b) The 90	Ith day after
ed	JUNE 6TH	2023	·			
	Red	Stend	ario gal			
			thorized regreser		·	

Filing Fee: \$25.00