Page 2 of 6 To:

Division of Corporations

2016-02-10 09:37:26 PST

15128571031 From: Sarah Perales Page 1 of 2



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To:

Division of Corporations

Pax Number : (850) 617-6383

From:

Account Name : LEGALZCOM.COM INC.

Account Number : 120010000062 Phone : (323) 982-8600 : (323)962-388\$ Fax Number

| **Ente | r the | email repor | address t mailin | for gs. : | this Enter | business only one | entity email | to b | ess pl | £òz∵£u **. | e George |
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2016-02-10 09:37:26 PST

15128571031 From: Serah Perales

COVER LETTER

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| | | | Eric Ramsey.Sr@me.com | | | - E |
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Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

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2016-02-10 09:37:26 PST

15128571031 From: Sarah Perales

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HIGH TECH HELP, LLC | | |
|---|---|------------------------------|
| (Name of the Limited Limitety Company) (A Florida Limited) | any as it now appears on our records. Liability Company) | 9) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000005270</u> | were filed on 01/07/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | sility company bere: | |
| The new name must be distinguishable and end with the words "Limited Link | bility Company," the designation "LLC | or the abbreviation 'L.L.C." |
| Enter new principal offices address, if applicable: | I Harrison Ave. | |
| (Principal office address MUST BE A STREET ADDRESS) | Panama City, FL 32401 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO Box 813 Panama City, FL 32402 | |
| THE DOST OF THE BOXY | | A TO TO |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | enter the name of the new |
| Name of New Registered Agent: | | 53. 9 |
| New Registered Office Address: | | |
| | Enter Florida street oddress | _ |
| | City , Flor | ridaZip 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

Page 1 of 3

MGR = Manager

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15128571031 From: Sarah Perales

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:

| AMBR = A | Authorized Member | | |
|-------------|-------------------|---|--------------------------|
| Title | <u>Name</u> | Address | Type of Action |
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16128571031 From: Sarch Peroles

| if amending any other information, enter change(s) here: (Attach additional sheets, | is necessary.) |
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| Signature of a mamber or authorized representative of a mamber | |
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