

L16000042245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

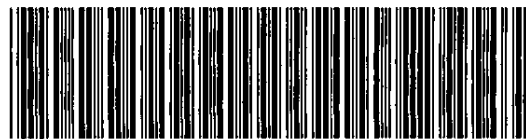
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**FILING CANCELLED
RETURNED CHECK**

05/08/17--01023--011 **30.00

FILED
17 MAY -8 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2017
J SHIVERS

COVER LETTER**FILING CANCELLED
RETURNED CHECK****TO: Registration Section
Division of Corporations****SUBJECT:** MASS DEMON LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

De'mon Craig Morgan
Name of PersonMass Demon LLC.
Firm/Company6751 N. Federal Hwy Suite 100
AddressBoca Raton / FL. 33487
City/State and Zip CodeDemon@massdemon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

De'mon Morgan at (407) 394-7008
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILING CANCELLED
RETURNED CHECK

Software Demon 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 02/29/2016 and assigned
Florida document number L16000042245.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mass Demon LLC

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:

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

6571 N. Federal Hwy Suite 100
Boca Raton FL 33487

Enter new mailing address, if applicable:

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

6571 N. Federal Hwy Suite 100
Boca Raton, FL 33487

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:

Demon Morgan

New Registered Office Address:

6571 N. Federal Hwy Suite 100

Enter Florida street address

Boca Raton

City

Florida

33487

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Démon Morgan	3360 Delray Bay #711 Delray Beach FL 33483	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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RETURNED CHECK

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SECRETARY OF STATE
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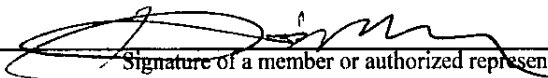
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 2nd, 2017.



Signature of a member or authorized representative of a member

Demon Morgan

Typed or printed name of signer