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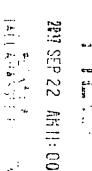
(Requestor's Name)
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J. HARRIS

COVER LETTER

TO: Registration Division of C			
	echnology Group, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	spondence concerning this matter t	o the following:	
	Katie Romano		
		Name of Person	
	Exceed Technology Group,	LLC	
		Firm/Company	
	1245 Academy Drive		
		Address	
	Altamonte Springs, FL 327	14	
	kate@viridian.work	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report not	ification)
For further information	n concerning this matter, please ca	11:	
Kate Romano		407 902-6419	
Name of Person		at ()Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the 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

Exceed Technology Group LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u> s.</u>)		
The Articles of Organization for this Limited L.		were filed on 04/24/2017	-	_ and a	ssigned
Florida document number 116000045052	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC	or the abbre	viation "	1L.C."
Enter new principal offices address, if applic		1245 Academy Drive	<u></u> ,	28.	
(Principal office address MUST BE A STREE		Altamonte Springs, FL 32714	;- 30- 4	7 SEP	
			100	-2 2	9-209-
Enter new mailing address, if applicable:		1245 Academy Drive		5.4	
(Mailing address MAY BE A POST OFFICE)	BOX)	Altamonte Springs, FL 32714	٠.	ි. <u>ල</u>	
			**		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	s, <u>enter th</u>	e nan <u>i</u>	e of the
-	1245 Academy	Drive			
New Registered Office Address:	Enter Florida street address				<u>.</u>
	Altamonte Spri	ngs Flo	o rida <u>32714</u>	ļ	
		City		Zip Code	ť

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, Fignature 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGP	Katie E Romano	1245 Arademy Drive	X Add
		1245 Academy Drive Altamonte Springs F13	⊋7lY⊓ Remove
		-	Change
MGR	Jonathon Nieves	7025 CR 46A	
		Suite 1071-336	Æ.Remove
		LAKE MARY FL 32	716□ Change
.			
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	fies a delayed after the reco			iot an effec	tive time,	at 12:01	l a.m. oi	n the ea	rlier o
The 90th day	2		2017	·			<u>></u>	. 640 910	
The 90th day	2		2017	·)- 	SE HER	***
The 90th day ated August		Signature of a	To A	thorized repress	entative of a n	nember); ;; ;; ;; ;; ;;	43.S	,
The 90th day ated <i>August</i>		Signature of a	To A		entative of a n	nember	2= 2= 200 200 200 200 200 200 200 200 20	. 4. 00	

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Filing Fee: \$25.00