

L160000 P8891

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Devscape So	oftware LLC		
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
riease return	an correspon	dence concerning this matter t	o the following.	
		Christine Herring		
			Name of Person	
		Devscape Software		
			Firm/Company	
		5870 Wind Cave Lane		
			Address	
		Jacksonville, FL 32258		
			City/State and Zip Code	
		christine@argentasolution.co		
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	11:	
Christine He	erring		904 625-6510 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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**

Devscape Software LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L16000068891	were filed on 4/7/2016 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Argenta Brands, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	<i>ن</i> <u>س</u> وب	202
(Principal office address MUST BE A STREET ADDRESS)		
	À	7 Z
	SX.	!
Enter new mailing address, if applicable:	und Sept	P !!!
(Mailing address MAY BE A POST OFFICE BOX)		
<u></u>	LII .	0
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of t	he new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

If amending Authorized Person(s) authorized to manage	, <u>enter the title.</u>	, name, and	<u>l address of</u>	each person	being a	<u>dded</u>
or removed from our records:						

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	."·
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			□Remove	, . .
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Chester Henry	is filed.				
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	S	gnature of a member or aut	horized representative of	a member	
Christine Herring	0)				
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