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(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone) #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
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16 NOV -2 AH II: 55 DIVISION OF CORFORATIONS

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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	Biz Data Solut	tions, LLC		
		Name of Limite	ed Liability Company	
The enclosed	l Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return	all corresponde	ence concerning this matter to	o the following:	
		David Hammer		
			Name of Person	
		Biz Data Solutions, LLC		
			Firm/Company	
		4830 W. Kennedy Blvd., Ste	e. 600	
			Address	
		Tampa, FL 33609		
			City/State and Zip Code	
	_	dhammer@hammerbiz.com		
		E-mail address: (to	be used for future annual report notificati	on)
For further in	nformation cond	cerning this matter, please cal	l:	
David Hamr	mer		at () 786-2620 Area Code Daytime Tel	
	Name of Pe	erson	Area Code Daytime Tel	lephone Number
Enclosed is a	a check for the f	following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

Biz Data Soluti			
	(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization Florida document number L		Company were filed on August 26, 2016	and assigned
This amendment is submitted	I to amend the following:		
A. If amending name, <u>ente</u>	r the new name of the lim	nited liability company here:	
he new name must be distinguish	able and contain the words "Lin	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices	address, if applicable:		
Principal office address M	<u> IST BE A STREET ADD</u>	RESS)	01%
			
			NON .
Enter new mailing address	if applicable:		0f 5%
Mailing address MAY BE	1 POST OFFICE BOX)		2 AM 11: 55
			1104 S5
If amending the regis registered agent and/or the		stered office address on our records, <u>ent</u> dress here:	ter the name of the n
egistered agent and or the	THE PROPERTY OF THE PROPERTY O		
Name of New Regi	stered Agent:		
New Registered Of	fice 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 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	MICHAEL CHHABRA	1391 W FIFTH AVENUE	
		SUITE 429	■ Remove
		COLUMBUS, OH 43212	□ Change
MGR	GOUTAM JAIN	16325 GOLF CLUB ROAD	
		APT 101	□ Remove
		WESTON, FL 33326	Change
		_	
			□ Remove
			☐ Change
			Add 16 New -2 ge HII: 55
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: (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 605.022. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated October 31 2016 August A					
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Effective date, if other than the date of filing: Coptional Coptional		<u></u>			
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Effective date, if other than the date of filing: 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 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated October 31					
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The 90th day after the record is filed. Dated October 31, 2016.				6 1	
Dated			not an effective t	ime, at 12:01 a.r	n. on the earlier of
Havid Hammer)	October 31	2016	·		
Signature of a member or authorized representative of a member	Dated				
	Dated	Hammer)			

Page 3 of 3

Filing Fee: \$25.00