

09/28/2016 10:51 FAX 954503350  
9/28/2016

Tripp, Scott  
Division of Corporations

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L16000177309

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
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Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954)525-7500  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mmm@trippscott.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HIS TECHNOLOGIES, LLC

Certificate of Status	0
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Estimated Charge	\$55.00

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K. SALY

SEP 29 2016

H16000241126

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: HIS TECHNOLOGIES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000177309

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Due to a scrivener's error, the name of the company in Article I is incorrect.

The correct statement is:

The name of the Limited Liability Company is IHS Technologies, LLC.

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.



**TANYA L. BOWER, ESQ.**  
Signature of Authorized Representative

9/28/16

Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*



Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)