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| (Re | equestor's Name) | |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Se Division of Cor | | | |
|-----------------|------------------------------------|---|---|--|
| SUBJEC | | FTWARE USA, LLC | | |
| SOBJEC | -!: <u></u> | Name of Lim | ited Liability Company | |
| The enck | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Russell D. Kaplan, Esq. | | |
| | | | Name of Person | |
| | | Russell D. Kaplan, P.A. | | |
| | | | Firm/Company | |
| | | 7951 SW 6th Street, Ste 2 | 10 | |
| | | | Address | |
| | | Plantation, FL 33324 | | |
| | | | City/State and Zip Code | ······································ |
| | | russk@rdkpa.com | | |
| | | E-mail address: (| to be used for future annual report no | titication) |
| For furth | er information c | concerning this matter, please c | all: | |
| Russell | Kaplan | | 954 763-7777 at () | |
| | Name o | of Person | | ne Telephone Number |
| Enclosed | l is a check for t | he following amount: | | |
| ■ \$ 25. | 00 Filing Fee | S30.00 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 Addres | | Street Address: Registration Se | ection |
| | Division of C | | Division of Co | |
| | P.O. Box 632 | | The Centre of | |
| | Tallahassee, I | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 HSV -5 PH 1: 36

NAPA SOFTWARE USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Frontia Camico) | maonity Conquany) | |
|---|-----------------------------------|------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000180593</u> | were filed on <u>9/27/16</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi" | lity 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) | 2800 Glades Circle, Suite | 116 |
| | Weston, FL 33327 | |
| Enter new mailing address, if applicable: | 2800 Glades Circle , Suite | 116 |
| (Mailing address MAY BE A POST OFFICE BOX) | Weston, FL 33327 | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>er</u> | iter the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ac | ldress |
| | | Florida |
| | City | . Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr | ee to act in this capacity. | I further agree to comply with ti |

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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 21 FS" -5 PH 1: 36

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effecti | ve date, if other than the date of filing: (optional) |
| fan eff | ective 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 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| | |
| r recor | I 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 |
| d is fil | |
| | |
| Dated | October 29 |
| Jaica . | |
| | |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00