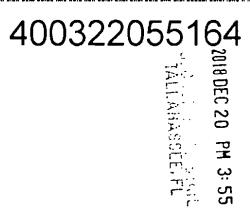
Office Use Only





12/20/16--01026--022 **30.00

. - 9 - Histiti

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	DPTILOGICA Name of Limi	SOFTWARE, LLC	<u>-</u>	
The enclosed Articles of A	amendment and feets) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	EDWARD	C RAVN Name of Person		
		Firm/Company		
	4/8 € ALT	AMONTE DR, STE	108-580	
	ALTAMONT linksysoft E-mail address: (1	E SPRINGS, FL City/State and Zip Code Pavn_xyz o be used for future annual report notif	32701	
For further information col	ncerning this matter, please ca	dl:		
EDWARD RAVN Name of Person		at (407) 923 - 1914 Area Code Daytime Telephone Number		
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	Enclosed Publix money or #17-857 503 4	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILIN	G ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A SOFTWARE	LLC 2018
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document numberL1700001	Company were filed on <u>Jan</u>	LLC DEC 2017 Pand assigned FT 3: 56
This amendment is submitted to amend the following:		F. 56
A. If amending name, enter the new name of the li	mited liability company here:	
LINKSYSOFT The new name must be distinguishable and contain the words "I.	LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
registered agent and/or the new registered office ad	idiess here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		Florida
-	Chy	Zap 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			☐ Remove	
			☐ Change	
				
			□ Remove	
			Change	
			Change	
		- -	□ Remove	
			Change	
			Remove	
			Change	
			Remove	
			☐ Change	

	Signature of a member or authorized representative of a member Edward Rayn Typed or printed name of signee	ANASSEE	20 PH 3:	
Dated _	December 14 2018 Edward Raun	TALL	2018 DEC 20	~77
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.n Oth day after the record is filed.	n. on the	earlie	er of:
Note: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this date's effective date on the Department of State's records.	ing.) Pursuar ate will not	it to 605. Be liste	.0207 (3)(ed as the
 Effectiv	e date, if other than the date of filing:	al)	-	
_				
_		-		
_				
_				
_				

Page 3 of 3

Filing Fee: \$25.00