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COVER LETTER

TO	D: Registration Sec Division of Corp		*	
		TWARE, LLC		
SU	JBJECT:	Name of Limit	led Liability Company	
Th	e enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Ple	ease return all correspor	ndence concerning this matter t	o the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	SUITE 220	
			Address	
		HOUSTON TX 77064		
			City/State and Zip Code	
-		EFILE1234@INCFILE.COM		
		E-mail address: (to	o be used for future annual report notific	cation)
Fo	r further information co	oncerning this matter, please ca	II:	
L	OVETTE DOBSON		855 829-9090 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Εn	closed is a check for the	e following amount:		
	\$25.00 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:

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

MMBP SOFTWARE, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	i		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000101056</u>	and assig	gned	
This amendment is submitted to amend the following:		ı	
A. If amending name, enter the new name of the limited liab	oility company here:	1	
		(7) L	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabi		F- 27 (.U. 3 %
Enter new principal offices address, if applicable:	340 W PALMETTO PARK RD #	201 💢 矣	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33432		•
		W	
Enter new mailing address, if applicable:	340 W PALMETTO PARK RD #	8: 1.2 201	ار <u>ي</u>
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33432	·	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name o	of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address		
	, Flori		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

If Changing Registered Agent, Signature of New 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		-	Remove
			☐ Change
			Remove A CO A Change Change
	······································		E Add
-			Remove
			☐ Remove
			☐ Change
			□ Remove
			D≀Add
			Remove
			Change

If amend	ing any other information, enter change(s) here: (Attach additional and a change)	tional sheets, if necessary.)	
			
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Note: If	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory file's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 60. ling requirements, this date will not be list	5.0207 (ted as 1
he recoi The 9	rd specifies a delayed effective date, but not an effective Oth day after the record is filed.	e time, at 12:01 a.m. on the earli	ier of
JA Dated	NUARY 15 2020		
_	Brian Patrick Signature of a member or authorized representate	ive of a member	
	BRIAN PATRICK - AMBR		
	Typed or printed name of signed		

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Filing Fee: \$25.00