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To:

Division of Corporations

Fdk Kamber : (850) 817-8383

From:

ACCOUNT Name : LEGALZOOM.COM INC.

Admount Number : T20010000062 Enpine : (323)962-6600

Fax Cumber : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** -

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LLC AMNU/RESTATE/CORRECT OR M/MG RESIGN TALON PSS LLC

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| TO | |
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| COMPANY | |
| FAXNUMBER | 18506176383 |
| FRÓM | Amanda Sando |
| DATE | 9/11/2017 9:45:31 AM PDT |
| RE | FW: (((H17000241423 3)))TALON PSS LLC - LZ#523208626 |
| | |

COVER MESSAGE

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| | COVER LETTER |
|---|--|
| TO: Registration Section Division of Corporations | |
| SUBJECT: TALON PSS LLC | |
| Na | the of Limited Liability Company |
| The enclosed Articles of Amendment and fee(| s) are submitted for filing. { |
| Please return all correspondence concerning th | is matter to the following: |
| Cheyenne Mo | |
| Legalzoom.con | |
| | Firm/Company |
| 101 N. Brand B | Nvd., 11th Floor |
| Glendale, CA 9 | |
| mpstamm@gma | |
| E-mail For further information concerning this matter | address: (to be used for future annual report notification) please call: |
| Cheyenne Moseley | 800 773-0888 ext. 9724 |
| Name of Person | Area Code Dayrime Telephone Number |
| Enclosed is a check for the following amount: | · · · · · · · · · · · · · · · · · · |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of | ce & S55.00 Filing Fee & Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TALON PSS LLC | |
|---|--|
| (Name of the I | mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| | |
| The Articles of Organization for this Limite | d Liability Company were filed on 08/02/2017 and assigned |
| Florida document number 1.17000164519 | |
| | |
| This amendment is submitted to amend the | following: |
| A. If amending name, enter the new nan | of the limited liability company here: |
| A. II amending have, governor | |
| The half tiganishahir and and will | hithe words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| The new name must be distinguishable and the vill | |
| Enter new principal offices address, if ap | plicable: |
| (Principal office address MUST BE A ST | REET ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable | |
| • | |
| (Mailing address MAY BE A POST OFF) | |
| | |
| registered agent and/or the new registere Name of New Registered Agent: | (2, -2 |
| New Registered Office Address: | |
| | Enter Florida street address |
| | |
| | City Zip Code |
| New Registered Agent's Signature, if change | ing Registered Agent: |
| provisions of all statutes relative to the | stered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with and |
| accent the obligations of my position as | rigistered agent as provided for in Chapter 605, F.S. Or, if this document is the registered office address, I hereby confirm that the limited liability |
| accept the obligations of my position as being filed to merely reflect a change in | rigistered agent as provided for in Chapter 605, F.S. Or, if this document is the registered office address, I hereby confirm that the limited liability this change. |
| accept the obligations of my position as being filed to merely reflect a change in | rigistered agent as provided for in Chapter 605, F.S. Or, if this document is the registered office address, I hereby confirm that the limited liability this change. If Changing Registered Agent, Signature of New Registered Agent |
| accept the obligations of my position as being filed to merely reflect a change in | rigistered agent as provided for in Chapter 605, F.S. Or, if this document is the registered office address, I hereby confirm that the limited liability this change. |
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| accept the obligations of my position as being filed to merely reflect a change in | rigistered agent as provided for in Chapter 605, F.S. Or, if this document is the registered office address, I hereby confirm that the limited liability this change. If Changing Registered Agent, Signature of New Registered Agent |

| If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: | | | | | |
|--|------------------------|----------------------|-----------------------|--|--|
| MGR = Mar AMBR = Aut | ager horized Member | | | | |
| Title | Name | Address | Type of Action | | |
| AMBR | Patrick Stamm | 6721 Mossy Glen Dr. | Add | | |
| | | Fort Myers, FL 33908 | ⊠ Remove | | |
| AMBR | Michael Patrick Stamm | 6721 Mossy Glen Dr. | z Add | | |
| | | Fort Mycrs, FL 33908 | Remove | | |
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| | | Page 2 of 3 | | | |

| D. If amending any other information, en | ter change(s) here: (Attach additional sheets, ij | f necessary.) | |
|--|--|--------------------------|----------|
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| E. Effective date, if other than the date of (The effective date must be specific, cannot be prior | filing: or to date of receipt or filed date and cannot be more than 90 artment of State) | (optional) days after | |
| the date this document is filed by the Florida Dep | artment of State) | | |
| Date: | 11 1 1 Park F | | |
| Sixialud | | <u> </u> | |
| | Michael Patrick Stamm Typed or printed name of signee | ,_,_,_,, | |
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