117000172946

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COVER LETTER

Registration Section

TO:

Division of Co	rporations			
	OFTWARE SOLUTIONS, LLC	·•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
. Tease retain an eomesp.	ondonot evincening viiis marker	to the rotter and		
	Sue DeGram			
Name of Person				
NODUS Software Solutions, LLC				
Firm/Company				
1100 5th Avenue South, Suite 201				
		Address		
	Naples, FL 34102			
		City/State and Zip Code		21
	sue.degram@alanaples.com E-mail address: (to be used for future annual report no	tification)	• •
For further information (concerning this matter, please co			~1
Sue DeGram		239 330-6123		2
at ()			-	
Name (of Person	Area Code Daytii	ne Telephone Number	?
Enclosed is a check for t	the 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 For Certificate of Societified Copy (additional copy is	Status &
Mailing Addre	ss:	Street Address:		
Registration Section			Registration Section	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NODUS SOFTWARE SOLUTIONS, LLC

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

The Articles of Organization for this Limited L. Florida document number L17000172946	iability Company	were filed on August 1	4, 2017 and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liah	oility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designa	tion "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1100 5th Avenue Sou	th	
(Principal office address MUST BE A STREET ADDRESS)		Suite 201		
		Naples, FL 34102		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1100 5th Avenue Sou	th	
		Suite 201		
		Naples, FL 34102		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our record	s, enter the name of the new registered	
New Registered Office Address:	1100 5th Aven	ue South, Suite 201		
- -		Enter Florida str	vet address	
	Naples		Florida 34102 Zip Code	
		City:	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	i		
I hereby accept the appointment as registered	ed agent and agr	ree to act in this capac	city. 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.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being augus or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Brad Serbu	704 Goodlette Rd N	□Add
		Naples, FL 34102	■Remove
			□ Change
CEO Arthur Allen	Arthur Allen	1100 5th Avenue South, suite 201	□Add
		Naples, FL 34102	
			≡ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated_January 21 2021 Signature of a member or authorized representative of a member Arthur Allen Typed or printed name of signee