## L1800010660

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            |             |
| . (Add                    | ress)            |             |
| (City)                    | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | me)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



200309458832

02/27/18--01021--007 \*\*30.00

18 FEB 27 AM 9: 49

FEB 2 8 2018
Y SULKER

## **COVER LETTER**

| то:              | Registration Se<br>Division of Cor |  |   |  |
|------------------|------------------------------------|--|---|--|
| elib iez         |                                    | bal One, LLC                                 |   |  |
| SUBJEC           | -1: <u> </u>                       | Name of Lim                                  | ited Liability Company  |  |
|                  |                                    | Amendment and fee(s) are sub                 | •   |  |
| , reade re       | in the correspo                    | Michael A. McGrath                           | to the following.   |  |
|                  |                                    |  | Name of Person  |  |
|                  |                                    | Capax Discovery LLC                          |   |  |
|                  |                                    |  | Firm/Company  | <del> </del>   |
|                  |                                    | 5110 Main Street, Suite 21                   | 7   |  |
|                  |                                    |  | Address   | <del></del>  |
|                  |                                    | Williamsville, NY 14221                      |   |  |
|                  |                                    | <del></del>                                  | City/State and Zip Code   |  |
|                  |                                    | mmcgrath@capaxdiscovery  E-mail address: (   | com  to be used for future annual report notifi                           | cation)  |
| For furth        | er information co                  | oncerning this matter, please ca             |   |  |
| Michael          | A. McGrath                         |  | 716 229-8931<br>at ()   |  |
|                  | Name of                            | l'Person                                     | Area Code Daytime   | Telephone Number   |
| Enclosed         | l is a check for th                | e following amount:                          |   |  |
| □ <b>\$</b> 25,6 | 00 Filing Fee                      | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(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

Walker Global One. 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 Liability Company were filed on January 11, 2018 and assigned Florida document number L18000010660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Unified Global Archiving LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO Box 490 Enter new mailing address, if applicable: Williamsville, NY 14231 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 1 Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida City

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>       | Address          | Type of Action   |
|-------|-------------------|------------------|------------------|
| AMBR  | Thomas R. Thomson | 16416 Seneca Way | <b>=</b> Add     |
|       |                   | Naples FL 34110  | □ Remove         |
|       |                   |                  | ☐ Change         |
|       |                   | <del></del>      |                  |
|       |                   |                  | □ Remove         |
|       |                   | <del></del>      | Change           |
|       |                   |                  |                  |
|       |                   |                  | Recogove  Change |
|       |                   |                  | And III          |
|       |                   |                  | □ Change         |
|       |                   |                  | □ Add            |
|       |                   |                  | ☐ Remove         |
|       |                   | <del></del>      | ☐ Change         |
|       |                   |                  | Add              |
|       |                   |                  | Remove           |
|       |                   |                  | □ Chanve         |

|                            | ,  |  |  |                | · · · · · · · · · · · · · · · · · · ·   |                 |                                       |              |                       |                     |
|----------------------------|--|--|--|----------------|---|-----------------|---------------------------------------|--------------|-----------------------|---------------------|
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
| -                          |  |  |  |                |   |                 |                                       |              | <u>.</u>              |                     |
|                            |  |  |  |                |   |                 |                                       |              | <del></del>           | - <del></del>       |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
| _                          |  | <del></del>                                  |  |                | <del>-</del>                            |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
| _                          | · · · · · · · · · · · · · · · · · · ·  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       | . :          | 8                     | <del></del>         |
|                            | <del></del>  |  |  | <del></del>    |   |                 |                                       | · ·          | <del>[]</del> -       | :                   |
|                            |  |  |  |                |   |                 |                                       | 2.5          | <b>ι</b> , φ          | ,                   |
|                            | -  |  |  |                |   |                 |                                       | <u> </u>     | <del></del>           |                     |
|                            |  |  |  | <del></del>    |   |                 |                                       |              | <u> </u>              |                     |
|                            |  |  |  |                |   |                 |                                       | ( <u>0</u> ) | وي:                   | ₹.                  |
|                            |  |  |  |                |   |                 |                                       | =            | 9                     |                     |
|                            |  | <u>.                                    </u> |  |                |   |                 |                                       |              |                       |                     |
| in effec<br><u>ote:</u> If | re date, if other that<br>etive date is listed, the da<br>f the date inserted in t<br>nt's effective date on | ite must be specifi<br>his block does :      | filing:<br>ic and canno<br>not meet th | he applicab    | ONOG/<br>date of filing<br>le statutory | or more than 90 | (option<br>days after finents, this o | ling.) Pu    | rsuant to<br>I not be | 605.020<br>listed a |
| reco<br>The 9              | ord specifies a del<br>90th day after the  | layed effecti<br>e record is fi              | ve date,<br>led.                       | but not        | an effectiv                             | ve time, at     | 12:01 a.                              | m, on        | the ea                | arlier d            |
| ated _                     | February   | 13   | <u>_</u>                               | 018            | · •                                     |                 |                                       |              |                       |                     |
|                            |  |  |  |                |   |                 |                                       |              |                       |                     |
|                            |  | Cionata                                      | of a mont                              | or or much a d | and summer                              | ative of a memb |                                       |              |                       | _                   |

Page 3 of 3

Filing Fee: \$25.00