L180002226079

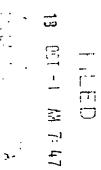
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Citr	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	siness Entity Nar	no)
(Bu:	Siness Endly Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
.,	J	
L		

Office Use Only



800318815608

10/01/18--01037--021 **25.00



O SIMMONS OCT 15 2018

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		egistered Agent for CORELO	GIX LLC	
		Name of Limi	ited Liability Company	<u> </u>
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Sampath Thungathurthi		
			Name of Person	
		CORELOGIX LLC		
			Firm/Company	
		4053 Windcrest Dr		
		<u> </u>	Address	
		Wesley Chapel, Florida - 3	3544	
			City/State and Zip Code	
		SAMPATH.THUNGA@GN	MAIL.COM	
		E-mail address: (t	o be used for future annual report notific	cation)
For further ir	oformation co	ncerning this matter, please ca	dl:	
SAMPATH	THUNGATE	IURTHI	405 8333409 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

CORELOGIX LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited I		4/2018 and assigned
lorida document number L18000226079		
his amendment is submitted to amend the fol	llowing:	
a. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE		7
	<u> </u>	
Inter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	E BOX)	· -
3. If amending the registered agent and egistered agent and/or the new registered of	Vor registered office address on office address here:	our records, enter the name of the
Name of New Registered Agent:	SAMPATH THUNGATHURTHI	
New Registered Office Address:	4053 Windcrest Dr	
	Enter Florid	a street address
	Wesley Chapel	, Florida _33544
	City	Zip 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			☐ Add
			Remove
			Change
			Add
			Remove
			□ Change
			□ Remove
			Change
			
			□ Remove
			□ Change
			Remove
			□ Change

	د۲
	1
	
	. 1
······································	
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
ument's effective date on the Department of State's records.	- '
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
. 09/28/2018	
ed	
Signature of a member or authorized representat	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00