119000066776

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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2022 MAR 14 PM 3: 3:
SECRETARY OF STAT

A. BUTLER MAR 2 8 2022

COVER LETTER

Division of Corpo			•	
PENDULO S	OFTWARE, LLC			
SUBJECT:	Name of Lim	ited Liability Company	, ·	
The enclosed Articles of Ar	mendment and fec(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	ANDERSON GUZMAN			
		Name of Person		
	PENDULO SOFTWARE,	LLC		
		Firm/Company		
	1001 BRICKELL BAY DI	R SUITE 2700 S-4		
		Address		
	MIAMI, FL 33131			
		City/State and Zip Code		
	PENDULOSOFTWAREUS			
		to be used for future annual n	ероп пописацоп)	
For further information con	cerning this matter, please c	all:		
ANDERSON GUZMAN		305 749-	-6640	
Name of P	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a check for 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad	dress:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PENDULO SOFTWARE, LLC

2022 MAR 14 PH 3: 33

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recornited Liability Company) TALL	AHASSEE, FL
The Articles of Organization for this Limited Liability Com	pany were filed on 03/08/2019	and assigned
Florida document number L19000066776		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
PENDULO TECHNOLOGIES, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		··
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>ente</u>	r the name of the new register
New Registered Office Address:		
	Enter Florida street addre	2.57
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, a t as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
	Changing Registered Agent, Signature	

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
		 	Remove
			□Change
			□Remove
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Chanec

Note	ctive date, if other than the date of filing:
the rec	ord 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 filed.
Date	d 03/09/2022 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	ANDERSON GUZMAN