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Amend

MAY 20 2019 LALBRITTON

COVER LETTER

TO:		ration Section n of Corpora		,		
SUBJE	CT· VI	STA EQUIT	Y PARTNERS LLC			
0020				ited Liability Company		
The enc	losed Ar	ticles of Am	endment and fee(s) are sub	mitted for filing.		
Please r	eturn all	corresponde	nce concerning this matter	to the following:		
			т	HOMAS REITANO		
		-		Name of Person	****	
				VISTA EQUITY PART	NERS LLC	
		-		Firm/Company		
				6425 Biscayne Blvd		
		-		Address		
			Miami, FL. 33138			
		-		City/State and Zip Code		······
				info@vistaeq.com		
		_	E-mail address: (to be used for future annual	report notification	on)
For furt	her infor	mation conce	erning this matter, please ca	all:		
Thomas	s Reitano)		202 65	6-3306	
		Name of Per	son	Area Code	Daytime Tel	ephone Number
Enclose	ed is a che	eck for the fo	llowing amount:			
\$ \$25	i.00 Filin	g Fee C	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc		□ \$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 ARTICLES OF ORGANIZATION **OF**

	ТО	
	ORGANIZATION	Do in
	OF	
VISTA EQUITY F	PARTNERS LLC	6 19
(<u>Name of the Limited Liability Com</u> (A Florida Limite	i <mark>pany as it now appears on our recor</mark> ed Liability Company)	ds.) and assigned
The Articles of Organization for this Limited Liability Compa	ny were filed on 04/26/2019	and assigned
Florida document number 600328634036		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ls, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
Ter Hegistered Office Hudress.	Enter Florida street addre	rss
	, F	lorida
	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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas Reitano	6425 Biscayne Blvd, Miami, FL 33138	
			□ Remove
			☐ Change
		Add	
			□ Remove
		Change	
			Add
			□ Remove
			Change
		 	D Add
			☐ Remove
		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: (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) 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 O5/08/2019 Signature of a member of authorized representative of a member
Thomas Reitano MGR for Vista Equity Capital

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00