Aug. 16. 2019, 10: 41AM Gray Robinson Division of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet	Page a	of 2 4)	
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.			··
(((H19000244479 3)))	•		
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.		2013 AUG	
To: Division of Corporations Fax Number : (850)617-6383 From: From: Account Name : GRAYROBINSON, P.A ORLANEO Account Number : T20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690		16 AN 10: 54	
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: Brad.White Ogray - robins d		Cor	\sim
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DATA MANAGEMENT HOLDINGS LLC Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00			
AUG_1 9-201	9		
M. SOLOMO Electronic Filing Menu Corporate Filing Menu Help	N		

.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Data Management Holdings LLC

(<u>Name of the Linited Liability Company as it naw appears on our records.</u>) (A Florida Linited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 11, 2019 ______ and assigned Florida document number _______.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Lisbility Company," the designation "LLC," or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	C
	· · · · · · · · · · · · · · · · · · ·
iter new mailing address, if applicable: Iniling address MAY BE A POST OFFICE BOX)	1 1 1 2
(maning address BIAT DE AT UST OFFICE DOM	<

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:

Name of New Registered Agent:		•
New Registered Office Address:	Enter Florida street addret.	,
	, Fk	orida

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and ogree 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 Chauging Registered Agent, Signature of New Registered Agent

Page 1 of 3

Aug. 16. 2019 10:41AM Gray Robinson

No. 0519 P. 3

÷.

•

2

\$

;

:

;

[] | []

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

• .

÷

İ

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	D. Jerome Larson	3225 Jordan Boulcvard Mulabar, FL 32950	D Add
			Remove
			Change
MGR	Sandra D. Lanza	3225 Jordan Boulevard Malabar, FL 32950	🗆 Add
			Remove
			Chunge
		·	D Add
			Remove
			Change G Add r
			Change
. <u></u>			Q Add
			Remove
			Change
			🛛 Add
			🖸 Kemava
			D Change

Aug. 16. 2019 10:41AM Gray Robinson

• • •

ļ

ļ

ł

No. 0519 P. 4

.

Ċ

	·	
		21
		2019 /
		AUG
		5
	<u> </u>	AH
		AH 10:
		ረብ ት
	<u> </u>	
ffective date, if other than the date of filing:	tio 605.0207 be listed as	7 (3)(b) ; the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	earlier ol	f:
Dated August 15, 2019 Mariles IN. Ermette		
Signature of a member or authorized representative of a member		
Michael D. Everette Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00