

L20000047544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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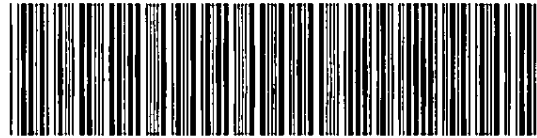
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Software Development, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connis O. Brown, III

\_\_\_\_\_  
Name of Person

Brown Robert, LLP

\_\_\_\_\_  
Firm/Company

150 North Federal Highway

\_\_\_\_\_  
Address

Fort Lauderdale, Florida, 33301

\_\_\_\_\_  
City/State and Zip Code

cbrown@brownrobert.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2023 JUN -5 PM 12:33  
FILED  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Connis O. Brown, III

954

832-9400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

Software Development, 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 2/10/2020 and assigned  
Florida document number L20000047544.

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 Liability Company," the designation "LLC" 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 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 address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JuniBug, LLC	c/o Brown Robert, LLP	<input checked="" type="checkbox"/> Add
		150 North Federal Highway, Suite 200	<input type="checkbox"/> Remove
		Fort Lauderdale, Florida 33301	<input type="checkbox"/> Change
AMBR	Bud Industries, LLC	c/o Brown Robert, LLP	<input checked="" type="checkbox"/> Add
		150 North Federal Highway, Suite 200	<input type="checkbox"/> Remove
		Fort Lauderdale, Florida 33301	<input type="checkbox"/> Change
AMBR	MLMW, INC	c/o Brown Robert, LLP	<input checked="" type="checkbox"/> Add
		150 North Federal Highway, Suite 200	<input type="checkbox"/> Remove
		Fort Lauderdale, Florida 33301	<input type="checkbox"/> Change
AMBR	William Gilbert	820 South Rio Vista Blvd	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rock Scofield	19802 Egret Lane	<input type="checkbox"/> Add
		Loxahatchee, Florida 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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LA-116-07-01

(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)(b)

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 12/29, 2022

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

Connis O. Brown, III, Attorney

Typed or printed name of signee