6/23/22, 10:09 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DATA BOUND SOLUTIONS, LLC

Certificate of Status 1 Certified Copy 04 Page Count \$55.00 Estimated Charge

T. LEMIEUX

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JUN 2 3 2022

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Page: 3 of 5

ARTICLES OF AMENDMENT TO 5 ARTICLES OF ORGANIZATION OF

Data Bound Solutions, LLC			_	
(Name of the Limited Liahi (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)			
The Articles of Organization for this Limited Liability (Florida document number 1.21000119178	Company were filed on 03/22/2021	and	l assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	miled Liability Company," the designation "LLC" or the	abbreviation	1 "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
				
Enter new mailing address, if applicable:			_	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
				
B. If amending the registered agent and/or register agent and/or the new registered office address here.	ed office address on our records, <u>enter the n</u> :	ame of the	9 negy 1	registered
Name of New Registered Agent:		<u> </u>	<u> </u>	
New Registered Office Address:	Enter Florida street address	OF STATE PORATION	Ā <u>14</u> 8: ≥	
	, Florida	<u> </u>	ode	
	•			

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.

From: Lexus Wingo

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

. . . Page: 4 of 5

To:

Title	<u>Name</u>	Address	Type of Action
AMBR	Cloudmed Solutions LLC	1100 Peichtree Street	
		Suite I 550	≣Remove
		Atlanta, GA 30309	□Change
MGR LæRivas	Læ Rivas	434 W. Ascension WAy	
		6th Flr.	Remove
		Murray, UT 84123	
MGR Rachel Wilson	Rachel Wilson	434 W. Ascension WAy	= Add
		6th Ffr.	□Remove
		Murray, UT 84123	- 7
MGR M. Sean Raddliffs	M. Sem Radcliffe	434 W. Ascension WAy	■ Add
		6ıh Fìr.	□ Remaire
		Murray, UT 84123	
			□Remove
		<u></u>	□ Change
			□Remove
			□Chanun

From: Lexus Wingo						

a manually any other following	ation, enter change(s) here: (Attach additional sheets.	,
 		
u		
		<u></u>
E. Effective date, if other than the tifan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing: nust be specific and cannot be prior to date of filing or more than 90- block does not meet the applicable statutory filing requirem Department of State's records.	_ (optional) days after filing.) Pursuant to 605.0207 (3x ents, this date will not be listed as the
f the record specifies a delayed effec- ecord is filed	tive date, but not an effective time, at 12:01 a m. on the earl	ier of: (b) The 90th day after the
June 22	2022	
Made 1	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	er
Rachel Wilson		
	Typed or printed name of signee	