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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Lando	Software LLC	•	
SUBJECT: Lando	Name of Limi	ited Liability Company	
		• • •	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	James Sacke	V	
		Name of Person	
	Lando Softwa	are LLC	
		Firm/Company	
	7901 4th St N	STE 300	
		Address	
	St. Petersbu	rg, FL 33702	
		City/State and Zip Code	
	james@trylanc		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	aff:	
James Sacke	Э У	at (305_) 564-965	50
Name o	_ 	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	
r.O. DOX 032	1	The Centre of Te	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

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Lando Software LLC

Ware LLC

(Name of the Limited Liability Company as it now appears on our records.) IAL AHASSIC ACTOR

The Articles of Organization for this Limited Lia Florida document number L22000142599	ability Company	were filed on 03	3/23/2022 and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7901 4th St N STE 300		
(Principal office address MUST BE A STREET ADDRESS)		St. Petersb	urg, FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		t N STE 300 ourg, FL 33702	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:	address on our ro	ecords, enter the name of the new registered	
-		St N STE 300		
New Registered Office Address:	Enter Florida street address			
	St. Peters	ourg	Florida 33702	
		City	Zip Code	
New Registered Agent's Signature if changing R	egistered 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.

Bill Havre

- Assistant Secretary

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	James Sackey	7901 4th St N STE 300	□Add
		St. Petersburg, FL 33702	Remove
			Change
			□Add
		·	Remove
		 	Change
			□Add
			Remove
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Effective date, if other than the 'an effective date is listed, the date mus Sote: If the date inserted in this blocument's effective date on the Defective date.	ck does not meet	the applicable	e of filing or more statutory filing re	(option than 90 days after fi equirements, this o	i al) ling.) Pursuant! date will not b	o 605.0207 e listed as
record specifies a delayed effectived is filed.	date, but not an e	ffective time, a	at 12:01 a.m. on t	he carlier of: (b)	The 90th day	after the
_{Dated} June 21		022				
Dated Durio Zi						
Dated Odific 21	Signature of a memb	95ack	ery			_