

L220000177137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

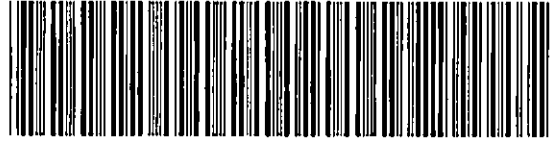
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000396062560

FILED

2022 OCT 17 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 OCT 17 PM 5:09

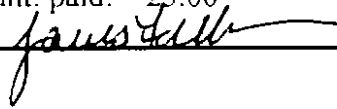
10/17/22

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid: 25.00

Authorization Signature

SOFTWARE AUTONOMY LLC 1.22000177737



Business Name

Document #

☐ Photocopy

☐ **Certified Copy (s) Articles of Incorporation:**

☐ **Certificate of Status**

**NEW FILINGS**

☐ **FOR Profit**  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
  
☐ L.L.P.

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
  
☐ **ARTICLES OF CORRECTION**  
  
☐ **APOSTIL ()**

**Country**

**AMMENDMENTS**

☒ **Amendment**  
☐ Resignation or Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ Articles of Conversion  
☐ Resignation

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
  
☐ Reinstatement  
  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOFTWARE AUTONOMY 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:

NICHOLAS D'ANTONIO

Name of Person

Software Autonomy LLC

Firm/Company

6290 RIVO LAKES BLVD.

Address

SARASOTA, FL 34241

ndantonio@gofundingadvisors.com

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

For further information concerning this matter, please call:

NICHOLAS D'ANTONIO

Name of Person

at (773)

Area Code

870-1581

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**

**FILED**

2022 OCT 17 AM 10: 25

SOFTWARE AUTONOMY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY: JEFFREY A. SMITH  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/13/2022 and assigned  
Florida document number L22000177737.

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	MICHAEL DANTONIO	6290 RIVO LAKES BLVD	<input type="checkbox"/> Add
		SARASOTA, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NICHOLAS D'ANTONIO	6290 RIVO LAKES BLVD	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 OCT 17 AM 10:23  
SECRETARY OF DEFENSE  
ALL AMBASSER, FL

2022 OCT 17 AM 10:25  
SECRET  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-14-2019 BY 60322 UCBAW

7-10

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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)  
**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.

Dated 10/19/22

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MICHAEL D'ANTONIO

Typed or printed name of signee