## し22000393174

(Requestor's Name)	
(Address)	
(Address)	
(Ĉity/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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## COVER LETTER

TO:

**Registration Section** 

Division of Cor	porations			
MAINSOF	T LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALBALUCIA FOLEY - F	REGISTERED AGENT		
		Name of Person		
	FOLEY FORENSIC ACC	OUNTING LLC		
		Firm/Company		
	4100 CORPORATE SQU	ARE STE 100		
	<del></del>	Address		
	NAPLES FL 3410	4		
		City/State and Zip Code		2923 JUL
	INFO@FOLEYFORENSIC			٠٠٠، سن الم
	E-mail address: (	to be used for future annual report no	tification)	. 2
For further information c	oncerning this matter, please c	all:		ලා
ALBALUCIA FOLEY		239 300-6660		
Name o	f Person	Area Code Dayti	me Telephone Number	20.32E
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres		Street Address:		
Registration S Division of C		Registration S Division of Co		
P.O. Box 632	-	The Centre of	•	
Tallahassee, I			oe Street, Suite 81	0

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAINSOFT LLC				
(Name of the Limi	ited Liability Compan (A Florida Limited Li	iv as It now appears on our r iability Company)	records.)	
The Articles of Organization for this Limited I Plorida document number L22000393174	Liability Company v	were filed on <u>09/08/2022</u>	and assign	ed
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
he new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		77	<del></del> ,
			三	<u>`</u> ,
			28	
Enter new mailing address, if applicable:			<u></u>	<u> </u>
<u>Mailing address MAY BE A POST OFFICE</u>	(SBOX)		- معمو	<u> </u>
3. If amending the registered agent and/or agent and/or the new registered office address.		ddress on our records, g	enter the name of the new r	egister
Name of New Registered Agent:	FOLEY FOREN	NSIC ACCOUNTING LLC	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	4100 CORPORA	ATE SQUARE STE 100		
		Enter Florida street	address	
	NAPLES		, 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, Signatule 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
			Remove
			⊒Add
			□Remove
			Change
			02 Change
			□ Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□ Add
			□ Remove
			□Change

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:  (optional)  ective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he record ord is fil	d 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 ed.
Dated _	07/20 2023
	(100d) un Daley
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of a member or authorized representative of a member  ALBALUCIA FOLEY - REGISTERED AGENT

Filing Fee: \$25.00