Division of Corporations **Electronic Filing Cover Sheet** 

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(((H15000121606 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

Fax Number : {850}878-5368

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

Email	Address:
EMBIL	ADDITESS:

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S3 MANAGED SERVICES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

MAY 19

Electronic Filing Menu Corporate Filing Menu & William

#### COVER LETTER

• •	COVI	EK LEIIEK	•
TO: Registration			
Division of	Corporations		
SUBJECT: S3 Ma	naged Services, LLC		
	Name of Foreign	Limited Liability Comp	pany
Dear Sir or Madam	:		
The enclosed applic	cation, certificate and fee(s) ar	e submitted for filing.	
Please return all con	rrespondence concerning this	matter to the following:	:
William Lake			
	Name of Person		
ASI Managed Service	es, LLC		
<del></del>	Firm/Company		
70 Maxess Road			
	Address	·	
Melville, NY 11747			
	City/State and Zip Code		
wlake@arrow.com			
E-mail address:	to be used for future annual r	eport notification)	
For further informs	ation concerning this matter, p	lease cail:	
William Lake		at ()	
Na	me of Person		ne Telephone Number
STREET/	COURIER ADDRESS:	MAIL	ING ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314	
	k for the following amount:	December 5	Decorption for
■ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (12/14)			

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

<ol> <li>Name of limited liability Company as it appears on the records of the Florida Department.</li> </ol>	rtment of	
State: S3 Managed Services, LLC		
2. The Florida document number of this limited liability company is: M06000006521	TALL ST	
3. Jurisdiction of its organization: Delaware		•
4. Date authorized to do business in Florida: 11/27/2006		?
SECTION II (5-9 complete only the applicable changes)	101 21.5 1.1 1.1	<del>-</del>
5. New name of the limited liability company:  ASI Managed Services, LLC		
(must contain "Limited Liability Company, " "L.L.C.,"	or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Company," "L.L.C." or "LLC.")  6. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Liability	<u>f</u> _
Enter Florida Sireel Address		
, Florida, Zity	ip 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 comply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registered age provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chargestered office address, I hereby confirm that the limited liability company has been not writing of this change.	e of my nt as ange in the	
If Changing Registered Agent, Signature of New Registered Agent 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	_	

<u> </u>	Address	Type of Action
		Remove
		□ Add
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		335 9 8 <b>a</b> Adda
		Remoye
		□ Add
		□ Remove
		□ Remove
l amendment(s), duly authenti	cated by the official having cust	
	ertificate, if required: no more	ertificate, if required: no more than 90 days old, evidencing the damendment(s), duly authenticated by the official having cust der the law of which this entity is organized.

Filing Fee: \$25.00

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "S3 MANAGED SERVICES,
LLC", CHANGING ITS NAME FROM "S3 MANAGED SERVICES, LLC" TO "ASI
MANAGED SERVICES, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY
OF JANUARY, A.D. 2015, AT 11:30 O'CLOCK A.M.

15 MAY 19 PH L: 58
LALLANASSEE, FLORIDA

3983310 8100

150703290

You may verify this certificate online at corp. delaware. gov/authver. shtml

Jeffrey W. Bullock, Secretary of State

OTHENTICATION: 2387329

DATE: 05-18-15

State of Delaware Secretary of State Division of Corporations Delivared 11:30 AM 01/12/2015 FTLED 11:30 AM 01/12/2015 SRV 150036515 - 3983310 FTLE

# CERTIFICATE OF AMENDMENT NO. 2 OF THE AMENDED AND RESTATED CERTIFICATE OF FORMATION OF S3 MANAGED SERVICES, LLC

(Pursuant to Section 18-202 of the Delaware Limited Liability Company Act)

January 12, 2015

S3 Managed Services, LLC, a limited liability company duly organized and existing under the Delaware Limited Liability Company Act (the "LLC"), does hereby certify that:

- 1. The name of the LLC prior to this amendment is S3 Managed Services, LLC.
- 2. Section 1 of Article THIRD of the Amended and Restated Certificate of Formation of the LLC shall be revised and amended to read in its entirety as follows:

"1. The name of the limited liability company is ASI Managed Services, LLC."

[Signature Page Follows]

15 MAY 19 PH L: 58

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Amendment No. 2 to be duly executed and delivered as of the date first written above.

Name: Paul J. Reilly
Title: Authorized Signatory