

5/21/2020

2020-05-21 08:37:42 EST

12122073573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000151175 3)))



H200001511753ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
ELOGIC LEARNING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY 21 AM 10:29

FILED

RECEIVED

2020 MAY 21 AM 11:03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

eLogic Learning, LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 19, 2004 and assigned
Florida document number L04000053447.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Absorb Software North America, LLC

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:

Mark Simner

New Registered Office Address:

Enter Florida street address

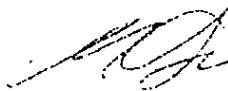
Florida

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

Mark Simner

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	Absorb Software US Holdings, Inc. 	1011-275 9 Ave. SE, Suite 275	<input checked="" type="checkbox"/> Add
		Calgary, AB T2G0H7	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Michael Owens	14934 N. Florida Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Mark Simmer	14934 N. Florida Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Mark Anderson	14934 N. Florida Ave.	<input type="checkbox"/> Add
		Tampa, FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CTO	Bill Snowden	14934 N. Florida Ave.	<input type="checkbox"/> Add
		Tampa, FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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) this date will not be listed as the filing date for the filing of the application.



Typed or printed name of signee