L08060617402

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SECRETARY OF STATE
TALL SHASSEF FLORIDA

SEP 10 2019 T SCHROEDER

COVER LETTER

TO: Registration Division of C			
TEC WO	DRKS, LLC		
30bJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JB ROTH		
	ROTH LAW FIRM PL	Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: ROTH Name of Person OTH LAW FIRM PL Firm/Company 00 GREENLAND ROAD, SUITE 604 Address CKSONVILLE, FL 32258 City/State and Zip Code @ROTHLAW.NET E-mail address: (to be used for future annual report notification) ing this matter, please call: at (904	
	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JB ROTH Name of Person ROTH LAW FIRM PL Firm/Company 6100 GREENLAND ROAD, SUITE 604 Address JACKSONVILLE, FL 32258 City/State and Zip Code JB@ROTHLAW.NET E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person at (
	JACKSONVILLE, FL 32.	and fee(s) are submitted for filing. terning this matter to the following: TH Name of Person AW FIRM PL Firm/Company REENLAND ROAD, SUITE 604 Address ONVILLE, FL 32258 City/State and Zip Code THLAW.NET E-mail address: (to be used for future annual report notification) its matter, please call: 904 595-7900 at (
Confirming in Communication		·	ication)
JB ROTH	concerning this matter, please e	904 595-7900	
Name of Person			Name of Person Firm/Company SUITE 604 Address ty/State and Zip Code used for future annual report notification) at () Area Code Daytime Telephone Number 1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEC WORKS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L08000017402	y were filed on <u>02/18/2008</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
BLUEFIN TECHNOLOGY GROUP LLC		\$300 ma
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation 2.L.C."
Enter new principal offices address, if applicable:	4800 SPRING PARK ROAD	and Sep m
(Principal office address MUST BE A STREET ADDRESS)	#5	2555
	JACKSONVILLE, FL 32207	The Rain
Enter new mailing address, if applicable:	4800 SPRING PARK ROAD	5 : 47
(Mailing address MAY BE A POST OFFICE BOX)	#5	70.4
	JACKSONVILLE, FL 32207	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		nter the name of the n
	, Florid	lo.
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title	<u>Name</u>	Address	Type of Action		
AAADD	DAWN WILSON	4800 SPRING PARK ROAD			
AMBR					
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	ERICK WILSON	4800 SPRING PARK ROAD	Change		
AMBR	ENGN WESON	4000 OF KING FARK KOAD			
					
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fective date, if other than the date of filing:		(0=	tional)		
in effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applica cument's effective date on the Department of State's records.		ore than 90 days af	ter filing.) Purs		
current 3 effective time on the Department of State 3 feedbas.					
record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective t	ime, at 12:01	a.m. on t	he ea	rlier o
SEPTEMBER 5 2018					
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Page 3 of 3

JEAN B. ROTH

Filing Fee: \$25.00

Typed or printed name of signee