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COVER LETTER

TO: Registration So Division of Con						
Don's Tech	anology, LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Donald Imfeld					
		Name of Person		-		
		Firm/Company		-	4	Ale
	PO Box 9031			SECR BOBS	5 JU	ISION
		Address		HASS ETTA	, , , , , , , , , , , , , , , , , , ,	위 위 공 공 공
	Beale AFB, CA 95903				PM	25.55 4.05 7.05 7.05
	don@donstechnology.com	City/State and Zip Code		FLORIDA FLORIDA	1:25	STATE ORATIO
	E-mail address: (to be used for future annual report notifi	cation)		-	¥S
For further information c	oncerning this matter, please co	all:				
Donald Imfeld		850 685-0278				
Name o	f Person	Area Code Daytime	Telephone Number			
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)	Sectifical Certifical Certified (additional	te of Stati Copy		

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Don's Technology, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 9/18/2009	and assigned TARREST AND
This amendment is submitted to amend the following:	Liability Company," the designation "LLC" or the abbreviation "LLE" PO Box 9031	
A. If amending name, enter the new name of the limited	liability company here:	
Netris, LLC		ATIL ATIL AIE
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 9031 Beale AFB, CA 95903	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		ecords, enter the name of the new
New Registered Office Address:		
<u>-</u>	Enter Florida stree	t 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>	Address	Type of Action
MGR	Bill Imfeld	40 Francis Bacon Ct	
		Defuniak Springs, FL 32433	■ Remove
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fective date, if other than	the date of filin	g:		<u> </u>	(optional)		
n effective date is listed, the date ite: If the date inserted in the	is block does not r	meet the applica	o date of filing of ble statutory fi	more than 90 da ling requiremen	nys after filing.) nts, this date	Pursuant to 605 will not be list	5.020 ted a
cument's effective date on th	e Department of S	State's records.					
record specifies a dela	yed effective (date, but not	an effective	e time, at 12	2:01 a.m. d	on the earli	er (
The 90th day after the	record is filed.						
June 27 ted		2015	•				<u> </u>
	<u></u>	,			A Company		
	Signature of a	member or author	ized Penracantati	ve of a member	Δ. Δ	품 F :	로 유 5
	orginature of a	member of aution	izeu representati	AC OF A HIGHINGE	<u> </u>	晋 -	CORPORATI

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Filing Fee: \$25.00