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COVER LETTER

	Registration So Division of Co							
SUD IEC		nvestments LLC						
SUBJECT:Name of Limited Liability Company								
The enclo	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.					
Please rei	turn all correspo	ondence concerning this matter	to the following:					
		Mario A Valero						
			Name of Person					
		Teknium Investments LLC						
			Firm/Company	<u></u>				
		290 NW 165th Street Suite	2 PH-5					
			Address					
		Miami, FL 33169						
			City/State and Zip Code					
		finsolcorp@gmail.com						
		E-mail address: (t	o be used for future annual report notif	ication)				
For furthe	er information o	concerning this matter, please ca	II:					
Mario A	Valero		305 454-0915					
	Name o	of Person	at () Area Code Daytime	Telephone Number				
•		he following amount:						
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

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

Teknium Investments 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 March 14th, 2011 and assigned Florida document number __1.11000031084 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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: New Registered Office Address: Enter Florida street address Circ

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>	<u>Address</u>	Type of Action
MBR	Fontiveros , Julio C	290 NW 165th Street	
		PH-5A	■ Remove
		Miami, FL 33169	Change
•			Add
			□ Remove
			Change
AMBR	Silvina Griselda Ferrer	290 NW 165th Street	
		Suite PH-5A	□ Remove
		Miami, FL 33169	□-Change -
			0/2 22 0/2 0/2
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f an effecti Note: If t	date, if other that we date is listed, the da the date inserted in the s effective date on the	te must be specific : nis block does no	ing: and cannot be pric of meet the appli	cable statutory	or more than 90 d	_ (optional) ays after filing.) P nts, this date wi	tursuant to 605.0207 ill not be listed as
	d specifies a del Oth day after the			ot an effecti	ve time, at 1	2: 01 a.m. or	n the earlier of
Dated	November 15th, 201	7	2017	·			
	Ma	06					
		Signature of	a member or auti	horized represent	ative of a member		

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Filing Fee: \$25.00