L11000032840

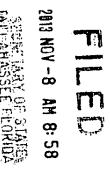
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PICK-UP	☐ WAIT	MAIL
	z Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2013

NATALYA VOROJ 20801 BISCAYNE BLVD., STE 406 AVENTURA, FL 33180

SUBJECT: SPLINEX LLC Ref. Number: L11000032840

We have received your document for SPLINEX LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00024941

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COVER LETTER

TO: Registration S Division of Co	ection rporations				
SUBJECT:	Solinex Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Mik	Name of Person			
	T1T	Firm/Company			
	20801 Bis	cayne Blud, Ste	403		
	Aventura	City/State and Zip Code		2013 NOV	
	NV (2) P No E-mail address: (to	erfund Com o be used for future annual report notificati	on)	6	
For further information of	concerning this matter, please ca		- - ,	5 49 X 8	T
Natalia Name o	Vo(o)	at (954) 496 - Q Area Code & Daytime Te	329 lephone Number	1 8: 58 S 1A E LORIDA	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Co (additional of	of Status &	d)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Neysa

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

Splin	ex, LLC
(Name of the Limited Liability	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L11000032840</u>	- · · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit \mathcal{N}/\mathcal{A}	ed liability company here:
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "LEC" or the observiation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	20801 Biscayne Blad =
Trincipia office address MOST BE A STREET ADDRE	Aventura FL 33780=
Enter new mailing address, if applicable:	Same as PRINCIPAL &
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	TIT Lab, UC
New Registered Office Address: 208	DI BISCOLINE Blud Ste 403 Enter Florida street address We NHU/a , Florida 33180
<i>K</i>	Nentura, Florida 33180
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
Marm	Net Element Internation	Tuc. 3363 NE 163rd St.	Add
Ť		Ste. 705	Remove
		North Miami Beach, R.S.	33160
mgem	Mike Zoi	20801 Biscayne Blvd	Add
J		Ste. 403	Remove
		Aventura, Pl 33180	_
·			
			Remove
		,	Remove
			Remove
			-
			_ L Add
			Remove
			-
			Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	October 11, 2013.
	X
	Signature of a member or authorized tepresentative of a member
	Mike Zoi
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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