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(Req	luestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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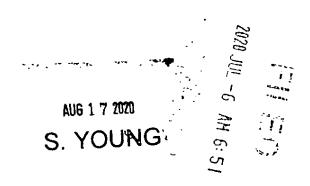


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COVER LETTER

TO: Registration Section

Division of Cor	porations		
MONDESI	RE TECHNOLOGIES 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	ndence concerning this matter	to the following:	
	Sean Mondesire		
		Name of Person	
	MONDESIRE TECHNOL	LOGIES LLC	
		Firm/Company	
	9322 W 33rd Way		
		Address	
	Hialeah, FL 33018		
		City/State and Zip Code	
	mondesire@gmail.com	to be used for future annual report not	(Continu
For further information co	oncerning this matter, please c	·	meanony
	oncerning this matter, prease c		
Sean Mondesire		407 766-6827 at ()	
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		20
MONDESIRE TECHNOLOGIES LLC		T 02
(Name of the Limited Link	ility Company as it now appears on any	
(A Flori	ility Company as it now appears on our r da Limited Liability Company)	ecoras.)
The Articles of Organization for this Limited Liability	Company were filed on 8/18/2011	and assigned
Florida document number 1.11000095198		<u>ن بر </u>
	 .	· on
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DATATREX LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"I.I.C" or the abbreviation "I.I.C."
Enter new principal offices address, if applicable:		
- - -	n rag	
(Principal office address MUST BE A STREET ADD	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 -	-
PARTITION OF THE BOX		
	•	
B. If amending the registered agent and/or registered	ed office address on our manada and	and the
agent and/or the new registered office address here:	ed office address on our records, ei	iter the name of the new registered
gont una for the new registered office address here.		
Name of New Registered Agent:		
The state of the s		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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
			□Add
			□Remove
			□Change
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Mective date, if	inserted in this block (specific and cannot be prior does not meet the applic tment of State's records	able statutory filing requ	(optional) n 90 days after filing.) Pursuan irements. this date will not	t to 605.020 be listed a
ote: It the date t					
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record specifies a is filed.	delayed effective dat	te, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after the
ocument's effecti record specifies a l is filed.		Marken	ime, at 12:01 a.m. on the		ay after the

Filing Fee: \$25.00