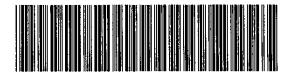
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(Document Number)
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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FINEKS JECHNOLOGIES  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEWIK GOODRICH Name of Person
FINEKS TECHNOLOGIES LCC
P.O. BOX 267413
WESTON FL 33326 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEWI K. GOODRICH at (954), 353-7483  Name of Person  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\subseteq \text{\$\subseteq \text{\$\cong \text{Certified Copy (additional copy is enclosed)}} \$\ \$\subseteq \text{\$\subseteq \text{\$\cong \text{\$\co

### **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

TINEKS LECHNO	OLOGIES, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13000031093</u>	22/22/2
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4523 30TH STREET WEST SUITE D410 BRADENTON, FL 34207
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 267413 WESTON, FL 33326
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address.  SUITE	30TH STREET WEST  DIEnter Florida street address  CADGUTON, Florida 34207  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 doctument 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.

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGSR	DEWIK-GOO	DRICH 4057 W. WHITEWA	AVE, 1700 Add
		WESTON, FL 333	Remove  Change
MGR	JOSEPH CIVILETTO	10 TOWN PLAZA	Add Remove
		DURANGO, CO 8130	
-F			Add
			☐ Remove
			Change
	<del></del>		Add
			Remove
			Change  Change  Change
			ਨਿੰ ਦੂ □ Add
			□ Remove
			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

Fective date, if other than the date of filing:  an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur die; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is files:  Signature of a member or authorized representative of a member	
ffective date, if other than the date of filing:  (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur ofter: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will becument's effective date on the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is fines:  ated SERGMS 20, 2017.	
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SEPTEMBER 20, 2017.	ne earlier
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Signature of a member or authorized representative of a member	
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Page 3 of F Filing Fee: \$25.00	SES SES