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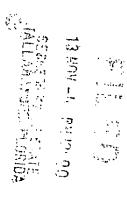
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MDRTECH GROUP, LLC

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:

JUAN MIJARES

Name of Person

Firm/Company

6205 BLUE LAGOON DR. STE. 130

Address

MIAMI, FL 33126

City/State and Zip Code

INFO@BRINGABOUT.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN MIJARES

_³⁰⁵ (6551589

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

U\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

MDRTECH GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(11 Fortua Est	inica Examity Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L13000114326</u>	mpany were filed on 08/13/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designat	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		[[h]: W: [[s]: [s]: [s]: [s]: [s]: [s]: [s]: [s
		्रिक्तिक विकास करिया । स्टूबर्ग स्टूबर्ग स्टूबर्ग स्टूबर्ग स्टूबर्ग
Enter new mailing address, if applicable:		A STATE OF THE STA
(Mailing address MAY BE A POST OFFICE BOX)		77
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	, Florid	···
	City	Zip Code
New Degistered Agent's Signature if changing Degistered	Agants	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALVADOR FRAZZETTA	6205 BLUE LAGOON DR. STE. 130	Add
		MIAMI, FL 33126	Remove
		· · · · · · · · · · · · · · · · · · ·	L Add
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		3.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 24.00 25.00 2	Remove
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			Add
			Remove
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			Add
			Remove

If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary.)
_{ed} 10/22	
	ves.
	ature of a member or authorized representative of a member
JUAN MIJARES	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY TO SUBBLE