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OCT 2.1 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tech no Conts LL (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:	
Name of Person	
Alterna & Kow. 1 pg Firm/Company	
2734 E Onkland Park Blvd Suite los Address Ft. L-vderlie Fl. (1), 37306 City/State and Zip Code	
Ft. L-vderlie, Fl. 1. 333.6 E. City/State and Zip Code	T
E-mail address: (to be used for future annual report notification)	E)
For further information concerning this matter, please call:	
Brian Kuvnl at (585) 261- 8443 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)\$\$ 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

lechnocet LL	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 14000 17539</u>	npany were filed on Jany 31 2.14 and assigned
This amendment is submitted to amend the following:	麗意 20 日
A. If amending name, enter the new name of the limite	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	333 NE 21" Avenu Unit 11U8 SSS Decrafell Denul Florile 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Joseph Bad Flerin 33441
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	tern & Kown, PA
New Registered Office Address:	34 East Onkland Park Svite 102 Enter Florida street address
F-I	Land telet Florida 37306 City Florida Zip Code
Non-Desirence Assuel Commence if they also Desired	A

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.

Af 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
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	Signa	iture of a member or a	uthorized represent	ative of a member	<u> </u>	3 -	.K3

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Filing Fee: \$25.00