2/2/22, 12:25 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)573-3996 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOAT FINANCE LLC Certificate of Status Certified Copy 04 Page Count \$55.00 Estimated Charge

> T. LEMIEUX Help FEB 0 3 2022

To: +18506176383

## ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co.	mpany as it now appears on our records.) ted Liability Company)	
(A Florida Limi	ted Lisbility Company)	
ne Articles of Organization for this Limited Liability Comp.	any were filed on 02/03/2014	and assigned
orida document number L14000018424		
ais amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
tecFi, LLC		
he new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered off	ice address on our records, enter the	e name of thonew regis
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, enter th	e name of the new regis
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gent and/or the new registered office address here:	fice address on our records, enter th	) - · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered offent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our records, <u>enter th</u>	: B
Name of New Registered Agent:	fice address on our records, <u>enter th</u>	FEB - 2
gent and/or the new registered office address here:	fice address on our records, enter the	
Name of New Registered Agent:	Enter Florida street address	FEB - 2 PM 12: 5
•		FEB - 2 PM 12: 5

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.

To: +18506176383 • Page: 4 of 5 2022-02-02 11:29:00 CST 12122023573 From: Lexus Wingo

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

Title	Name	Address	Type of Action
			□Add
			□ Remove
			☐Change
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From: Lexus Wingo

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