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TO:		istration Sec sion of Corp		÷		
eun icz	СТ.	SWEETS F	LOWERS & BOOKS, LLC			
SUBJEC	CI		Name of Limi	ted Liability Company		
The encl	losed	Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please re	eturn	all correspon	ndence concerning this matter	to the following:		
			Xavier Viteri			
			Name of Person			
			Viteri Financial Corporatio	HI		
				Firm/Company	.,	
			6721 SW 69 Terrace			
				Address		_ _ _
			Miami, FL 33143			
				City/State and Zip Code		
			info@viterifinancial.com			
			E-mail address: ()	to be used for future annual rep	ort notification)
For furth	her ir	nformation co	oncerning this matter, please ca	ill:		
Xavier	Viter	i		786 262-1	237	
		Name of	f Person	at () Area Code	Daytime Telep	hone Number
Enclose	d is a	check for th	ne following amount:			
≅ \$25.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILI	ING ADDRESS:	STREET/C	COURIER AI	ODRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEETS FLOWERS & BOOKS, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/12/2014 Florida document number 1.14000175744 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SFB Technologies LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

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 beisor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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). If amen	ding any other information, ente	er change(s) here: (2	tuach additional st	neets, if necessar	y.)	
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Dated _	October 5, 2018	<u> 2013</u>	ı			
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	Signature	of a member or authorize	d representative of a m	ember	ALL ALL	; } •
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