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COVER LETTER &

Division of Corp	orations '			
SUBJECT: Tecl	h Brainz, L	ited Liability Company		,
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Dave	Valbrun		_
		Name of Person		
		Firm/Company		<u></u>
	599 UJ6	ell Lane		_
		Address		
	Delray B.	each, FL, 334	145	AEG 8
	Dave V	each, FL, 334 City/State and Zip Code albrus@gmail.	CPM	新 12
	E-mail address: (to be used for future annual report notifi	cation)	
For further information con	ncerning this matter, please ca	all:		مستب بره مدم
Dave Valbr	`un	at (561) 997-	4904	95 5
· Name of I	Person	Area Code Daytime	Telephone Numb	er
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)	Certifie	Filing Fee, cate of Status & ed Copy (all copy is enclosed)

TO:

Registration Section

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
Tech Brainz, LLC

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

(A Florida Limited Liability Company)

(A 2/09/215

The Articles of Organization for this Limited Liability Company were filed on 62 Florida document number L 15 0000 2401 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address .Florida -

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>a MB</u> R	CARMHENST VALLAUN	•	
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AMBR	DAVE VAlbrun		⊿ Add
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Filing Fee: \$25.00

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