115000127360

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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or on the RRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUBJECT: Serin 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:
CLINTON E. CUNY
9128 Stewa D. TECHNOBERIN LLC Firm/Company 9128 Stewa D. Sitz 10115
9128 Stensa N. Sitz 10115
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to b) used for future annual report notification)
For further information concerning this matter, please call:
Clinion Congression at (302) \$93-0609 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2017

CLINTON CUNY 9128 STRADA PLACE, SUITE 10115 NAPLES, FL 34108

SUBJECT: TECHNO BRIAN LLC Ref. Number: L15000127360

We have received your document for TECHNO BRIAN LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00016442



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trohno BRAIN	LLC
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 1500 1273</u>	npany were filed on JU 27, 2015 and assigned 60
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
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 ADDRES	<u> </u>
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	F (2)
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office address	
	man 🚍 Min
Name of New Registered Agent:	5.22 5
New Registered Office Address:	the Co
	Enter Florida street address
	, Florida
-	City Zin Code

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name (Address	Type of Action
AD.	MANOJ Shanker	TECHNO BRAIN GlubAL	Add
AMBR	•	TECHNO BRAIN GlubAC Woodlands AUE	Remove
		NAIROBI, Kany A	Change
MAD OR	Shym Sunda	TECHNO BRAIN Glubar FZE	Add
ATURIC		D- NI KKFTZ	□ Remove
		(AS HI RhAIMA,	Change
			🗆 Add
			Remove
			□ Change
			Remove
			SEP Change
			Add
<u> </u>			Renfove
			_
			_ □ Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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ffective date,	if other than the is listed, the date me inserted in this lettive date on the lettive date on the lettive date.	block does not n	neet the applica	o date of filing or r ble statutory filin	ο (onore than 90 days ε grequirements,	ptional) after filing.) Purs this date will i	uant to 605 not be list	5.0207 (ed as t
lote: If the date			date but noi	an effective	time at 12∙0	1 a.m. on t	he earli	er of:
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Page 3 of 3

Filing Fee: \$25.00