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COVER LETTER *

SUBJECT:	EK BUYER	Z LLC	
	Name of Limi	ted Liability Company	···
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	MONICA	PETRUCCI Name of Person	
		Name of Person	
	TEK	BUYERZ LL	\mathbb{C}
		Firm/Company	
	10138	KIN6SBRIDGE	E AVE
		Address	
	TAMP	A FL 336	126
		City/State and Zip Code	
	MIKEYPO	020265 @ YAHOO o be used for future annual report notifi	COM
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
MONICA	PETRUCCI	at (727) 381	5-2674
	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 ARTICLES OF ORGANIZATION OF

TEK BUY					
(Name of the Limited Liability Com (A Florida Limite	ipany as it now a ed Liability Comp	ppears on our any)	r record <u>s.</u>)	<u>_</u>	
The Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of Organization for the Organization for	ny were filed o	n <u>Au</u> 6	3,201	. 5 and assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability compai	ny here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company,"	the designation	on "LLC" or the ab	obreviation "L.L.C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				18	SEVE
				<u></u>	<u> </u>
				0.1	유 기구 유 기구 유 기구
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX)					- <u> </u>
			. <u>-</u>	<u>::</u>	- ATE
				7	3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s on our r	records, <u>enter</u>	the name of	the nev
Name of New Registered Agent:					
New Registered Office Address:					
	Ente	r Florida stree	et address		
·			Flo rida		
	City			Zip Code	
New Registered Agent's Signature, if changing Registered Ager					
I hereby accept the appointment as registered agent and a					

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MICHAEL PETRUCCI	10138 KINGSBRIDGE AVE TAMPA FL 33626	_X ∧dd
		TAMPA FL 33626	□ Remove
			Change
			□ Add
			Remove
			Change
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	PM 1: 5
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(If an effec <u>Note:</u> It	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	AUGUST I 2018
	AUGUST I 2018 Monica Petrucci Signature of a member or authorized representative of a member
	MONICA PETRUCCI Typed or printed name of signee

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Filing Fee: \$25.00