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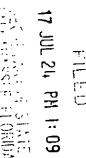
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Certified Copies	_ Certificates	s of Status
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S. WARREN JUL 27 2017

COVER LETTER

Division of Corporations
SUBJECT: Clintech Holdings UC 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:
Rachel Rowith Name of Person
Clintech Holdings, uc
5491 n. university drive #202A
Coral Springs FL. 33000
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachel Rowitt at 954, 243 9457 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Holdings, LL iability Company as it now appears on ou lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 917	29 2015 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	<u>_</u>	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) 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 stre	et address
_	City	, Florida Zip Code
	S	34. 0

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 lia witty 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CIO	Varun Ragbin	5491 north University Dr.	X Add
		5491 north University Dr. Coral Springs, FL. 33007 Suite 202A	🗅 Remove
		Suite 202A	Change
			Add
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tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot b	e prior to date of fil	ing or more than 9	(option 0 days after fil	. 211) ling.) Pur	suant to 60:
If the date inserted in this block does not meet the ment's effective date on the Department of State's re	applicable statuto	ory filing require	ments, this d	ate will	not be list
tent's circuit date on the Department of Mate's re	cords.				
cord specifies a delayed effective date, bu	ut not an effe	ctive time at	· 12·01 a i	m on	the earli
e 90th day after the record is filed.	at not an ene	ctive time, a	. 12.01 6.	11. 011	the earn
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Rachel Rox	bou				
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Rachel Row	•	sentative of a men	iber		14 14 US

Page 3 of 3

Filing Fee: \$25.00